



COUNTY BOROUGH OF WIGAN



Report
on the
Health
of the
County Borough of Wigan
1966



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Report
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County Borough of Wigan
1966

J. HAWORTH HILDITCH,
Medical Officer of Health.
Principal School Medical Officer.
Medical Referee of the Borough Crematorium.

CONTENTS

[illegible]

HEALTH COMMITTEE 1966

(Appointed 25th May, 1966)

Re-named HEALTH AND SOCIAL SERVICES COMMITTEE, July 1966

Chairman	....	....	Alderman J. T. LYNCH, J. P.	
Vice-chairman	....	....	Alderman J. BOWDEN	
The Mayor	....	....	Councillor S. TAYLOR, J.P.	
Aldermen	....	....	H. DOWLING, J.P.	T. MONKS
Councillors	....	....	F. CONNOLLY	Mrs. M. PRATT
			J. T. FARRIMOND	J. RANKIN
			C. FOSTER	S. SHERRATT
			G. LEWTHWAITE, J.P.	J. E. SMITH
			Mrs. E. NAYLOR	J. TABERNER
			Miss A. PEET	
Co-opted Members	....	....	Mr. R. D. DICKSON, J.P.	Dr. D. W. JOHNSON
			Mrs. B. G. HOUGHTON	Mrs. C. RAYNER, J.P.
			Dr. F. G. INCE	

STAFF, 1966

Medical Officer of Health	....	J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H. (Vict).
Deputy Medical Officer of Health	....	*T. L. O'DONNELL, M.B., Ch.B., D.P.H.
Assistant Medical Officers	....	*R. McLEAN BAIN, M.B., Ch.B., D.P.H.
		*A. F. HOWARTH, M.B., B.Ch.
Dental Officer	....	*S. M. AALEN, L.D.S.
Public Analyst	....	*J. GRAHAM SHERRATT, B.Sc., F.R.I.C.
Chief Public Health Inspector	....	J. B. MARSH, F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health			
Inspector	....	....	P. STRAFFORD (<i>a</i>) (<i>b</i>) (<i>h</i>)
Public Health Inspectors	....		M. BAMBER (<i>a</i>) (<i>b</i>) (<i>h</i>) (to 31.7.66)
			L. M. BIDDULPH (<i>a</i>) (<i>b</i>) (<i>h</i>) (to 31.7.66)
			R. FARNWORTH (<i>a</i>) (<i>b</i>) (to 31.3.66)
			E. HARRIS (<i>a</i>) (<i>b</i>) (<i>h</i>)
			J. INESON (<i>a</i>) (<i>b</i>) (<i>h</i>)
			E. MARSDEN (<i>a</i>) (<i>b</i>) (<i>h</i>)
			K. PARKIN (<i>a</i>) (<i>b</i>)
			K. SIMM (<i>a</i>) (<i>b</i>) (<i>h</i>)
			J. G. THOMAS (<i>a</i>) (<i>b</i>) (to 31.12.66)
			S. G. WILLIAMS (<i>a</i>) (<i>b</i>) (from 23.5.66)
Superintendent Health			
Visitor	....	....	E. M. WRIGHT (<i>c</i>) (<i>d</i>) (<i>e</i>) (<i>g</i>)
Health Visitors	....	....	P. ALKER (<i>c</i>) (<i>d</i>) (<i>e</i>)
			F. M. L. DAVIES (<i>c</i>) (<i>d</i>) (<i>e</i>)
			*B. I. HIGGINS (<i>c</i>) (<i>d</i>) (<i>e</i>)
			C. JACKSON (<i>c</i>) (<i>d</i>) (<i>e</i>) (<i>g</i>)
			J. P. JAMES (<i>c</i>) (<i>d</i>) (<i>e</i>)
			M. E. MILLS (<i>c</i>) (<i>d</i>) (<i>e</i>)
			M. A. PEACOCK (<i>c</i>) (<i>d</i>) (<i>e</i>) (from 25.7.66)
			Z. M. VERNON (<i>c</i>) (<i>d</i>) (<i>e</i>) (<i>f</i>) (<i>g</i>)
			M. J. WALMESLEY (<i>c</i>) (<i>d</i>) (<i>e</i>)
Tuberculosis Visitor	....		E. CODY (<i>c</i>) (<i>d</i>)
Family Case Worker	....		W. STEELS (from 1.2.66)
Supervisor of Midwives	....		W. KAY (<i>c</i>) (<i>d</i>)

Midwives :

M. AINSWORTH (*c*) (*d*) (from 1.11.66)
 J. A. BIRCH (*c*) (*d*)
 P. G. DAWBER (*c*) (*d*)
 M. C. DIX (*c*) (*d*)
 L. FORSYTH (*c*) (*d*)
 G. GREGORY (*c*) (*d*) (to 31.7.66)
 D. HITCHEN (*c*) (*d*)

L. HOLCROFT (*c*) (*d*)
 C. B. MORAN (*c*) (*d*) (to 8.10.66)
 F. O'DWYER (*c*) (*d*)
 M. QUINN (*c*) (*d*)
 B. RICHARDSON (*c*) (*d*)
 P. WAITE (*c*) (*d*)

Day Nursery Matron

M. F. LUCAS (*d*) (*f*)

Superintendent of the Home Nursing
 Service

E. WILSON (*d*) (*g*)

Home Nurses :

D. AUGURIO (*d*) (*g*)
 L. BANKS (*d*) (*g*)
 K. BARON (*i*) (from 1.3.66).
 W. M. DOHERTY (*c*) (*d*) (*g*)
 M. FITZPATRICK (*i*)
 E. M. GARDNER (*d*) (*g*)
 ARTHUR HALL (*d*) (*g*) (to 30.6.66).
 V. HURST (*d*) (from 1.3.66).
 A. KELLY (*d*) (from 1.4.66. to 12.11.66).

P. M. LOWE (*d*) (from 21.11.66).
 M. MOLLOY (*d*)
 V. PYKE (*d*)
 A. REIGATE (*c*) (*d*) (*g*)
 S. SAXON (*d*) (from 1.8.66).
 D. SHARPLES (*d*) (from 19.9.66).
 JOHN M. WALKER (*d*) (*g*)
 A. E. WEMYSS (*d*) (to 17.8.66).

Junior Training Centre Supervisor

J. HANSON

Senior Training Centre Manager

E. HILTON

Mental Health Service :

Senior Mental Welfare Officer

J. A. PIETRE, B.A.

Mental Welfare Officers

E. I. DAVISON
 A. TAYLOR
 J. WARRILOW

Welfare Services :

Senior Assistant

A. SIMM

Welfare Officers

H. A. SPEAKMAN
 B. T. WATT (to 31.8.66).
 P. SHAW (from 1.11.66).

Ambulance Service :

Ambulance Superintendent

C. R. HILL (from 1.4.66).

Senior Chiropodist

S. R. AINSWORTH

Lay Administrative Officer

G. CREE, D.M.A.

* Part-time Officers.

- (a) Public Health Inspectors Certificate.
- (b) Meat Inspectors Certificate.
- (c) Certificate, Central Midwives Board.
- (d) State Registered Nurse.
- (e) Health Visitors Certificate.
- (f) Registered Fever Nurse.
- (g) Queen's Nurse.
- (h) Smoke Inspectors Certificate.
- (i) State Enrolled Nurse.

INTRODUCTION

To the Mayor, Aldermen and Councillors of the County Borough of Wigan.

“Nothing in progression can rest on its original plan. We may as well think of rocking a grown man in the cradle of an infant.”

EDMUND BURKE, 1728-1797.

The quest for an appropriate text with which to preface this short introduction leads one into areas of thought and contemplation which would otherwise perhaps go unexplored in the busy routine of the daily work of the department. It leads to an overall assessment of the scope and meaning of the work accomplished during the past twelve months and to a comparison in broad terms with the efforts of past years. The theme emerging from 1966 is, with a few exceptions, definitely one of consolidation and expansion of existing services, particularly those mentioned for the first time in the report for 1965. Thus we have seen the highly successful operation of social rehabilitation of an area progress with increasing momentum. The results so far achieved have been astonishingly successful and certainly justify the Council's decision to establish a Family Service Unit within the Department.

The expedient of establishing a clinic within a block of flats at Worsley Mesnes has proved a most successful stop-gap and has enabled our services to be brought into an area of rapid development at an early stage and in a way which leaves room for adjustment when the new pattern of medical care which is now emerging has crystalised. In the meantime the influx of new families into Goose Green and Winstanley will certainly call for further provision of clinic premises in these areas.

After a period of considerable frustration the Cervical Cytology Service got under way with the direct help of the Wigan Round Table, whose members and organiser must be congratulated on their “sterling” effort which accelerated the introduction of the service into Wigan and District. The subsequent response from the female population at risk has been rather disappointing, considering the vociferous national and local campaign led by many women's organisations to establish a service. A more direct approach may be needed to encourage the particular groups to whom the service would be most valuable to take advantage of it.

At Fabrex, the adult training centre, a special Open Day was held for local industrialists who had previously been approached to provide work suitable for the trainees and a separate day was set aside to enable parents and members of the public to see the scope and quality of the work. As a result we have for many months lacked neither work nor goodwill and it is felt that both industry and the public now understand what the unit has set out to do.

Of the more traditional health services mention must be made of the special survey of work in the Home Nursing Service to ascertain what tasks were

suitable for delegation to staff other than qualified home nurses. The generosity of the Marie Curie Foundation in providing special nursing care for certain cases requires special mention. Both are important developments in view of the change in the quantity and scope of the work thrust upon this service. There has been in recent months, probably due to shortage of hospital beds, an increase of surgical patients discharged whilst still requiring nursing care and the numbers of "terminal" cases being nursed at home has increased. These latter are particularly demanding of staff energy and time.

The work of the Ambulance Service continues to increase. The development of the special hip unit at Wrightington Hospital which attracts patients from many parts of the country by train to stations in Wigan has resulted in many time-consuming journeys.

One of the most active services has been Health Education, which has extended its field in many directions and has accepted the view that the future work of the department largely depends upon good lines of communication both within and outside the office. No opportunity has been lost to bring new media to the notice of staff who could use it and to engender enthusiasm for the monthly topics.

Despite continued staff shortage Health Visitors continue to broaden the scope of their work, particularly in so far as helping with the training of student health visitors and the teaching of mothercraft in schools. Attachments to general practitioners continue in a limited fashion but the system is not without its problems and the benefit to the doctors concerned must be weighed against undoubted overlap with consequent wastage of staff time associated with the random distribution of patients on general practitioners lists. Instances have been known where no less than three practitioners visit one household. Clearly to have three health visitors visiting the same dwelling would be ludicrous. If attachment is to be economical as well as effective the lists of general practitioners in urban areas must be rationalised—This would prove to be a difficult exercise as such action would inevitably be construed as interference with the patient's "freedom of choice" of doctor, although increasingly in Wigan, where every list is well subscribed, it is the doctor who chooses his patient.

It is particularly gratifying to review the section on vital statistics. During 1966 the numbers of still births fell to 16 (27) and infant deaths to 26 (31); the perinatal mortality rate being 24.23 (34.59) which is lower than the provisional rate for England and Wales at 26.3 and lower than the average for the County Boroughs in the Northwest. The figures in parenthesis refer to 1965. There was no maternal death. The contribution of the Authority's midwives and medical officers in the attainment of these results must not be overlooked. The statistical tables also show that so far as notifiable infectious disease is concerned only two illnesses occurred with any frequency. Cases of measles were notified in every month of the year with a total of 246 (469). In fact the last measles-free month was October 1962. It would appear that in Wigan at least this disease has lost its conventional biennial epidemic form and may now be said to be endemic. Perhaps we are witnessing a change in epidemicity and virulence in connection with the causative virus, such as has occurred in the past with other diseases. The big question which will soon require an answer is—Do we need a measles vaccine?

The other infectious disease which is troublesome is phthisis or pulmonary tuberculosis. 23 new cases were notified. There were six deaths giving a rate of .08 per thousand population, which is equivalent to the rate in three other northwest county boroughs and considerably higher than the average for all County Boroughs. We pin our faith on B.C.G. vaccination, early diagnosis and treatment, together with adequate contact tracing. Clearly a joint effort between local authority, the general practitioners and the hospital service is required if our statistics are to be improved.

The chief Public Health Inspector has reported at length upon the state of the environmental services. Again housing has been our main preoccupation and few boroughs can boast as good a record in slum clearance and in the application of the legislation for the improvement of individual houses or areas.

The extension of Statutory measures to control smoke from domestic appliances has been in abeyance mainly due to the lack of a positive government lead on a national fuel policy. Perhaps 1967 will see the resumption of this work. Meanwhile it is encouraging to note the increasing number of households which are voluntarily turning to a "piped" fuel, as they become convinced of the additional freedom from chores and the absence of dirt and grime in the house which it confers.

Fluoridation of the water supply—already agreed in principle by the Borough Council—awaits for its implementation either a strong ministerial directive or a better understanding amongst small neighbouring authorities whose decisions or lack of them are holding up this valuable preventive measure.

The Welfare Services Section has had another successful year due in part to the very close relationship which exists with other welfare agencies both inside and outside the Authority. Writing on the eve of the publication of the findings of the Seeborn Committee it is with some pride that we can point to our combined and well co-ordinated service departments; to our close links with the Education Welfare, Childrens and Housing Departments which have been forged over almost 20 years.

As a result of the close relationships already existing the implementation of Circular 9/66 from the Department of Education and Science and 7/66 from the Ministry of Health concerning the co-ordination of services for handicapped children and young people occasioned little difficulty. A special sub-committee was set up and had commenced work by the end of the year.

Perhaps the most marked feature of our work in this service is the changing social pattern of the residents in Part III accommodation. Shortage of psychiatric and geriatric hospital beds on the one hand, together with the provision of warden controlled flatlet accommodation on the other, have combined to change the type of case admitted to residential units. The average age of residents is now almost 80 years and an increasing proportion are very infirm or handicapped. Great stresses are being placed on the staff of these establishments and if a high standard of care and safety is to be maintained a higher staff to patient ratio will be required.

In order that the title of the Committee should more clearly reflect the diverse nature of its work, the Council at its July meeting agreed that henceforth it should be known as the Health and Social Services Committee.

Finally, I express to the staff my thanks for their loyalty and for the high standard of work which they have maintained throughout the year. My thanks also to the chief officers and technical staff of all other Corporation Departments for their help and advice. I would express my appreciation to the Chairman and Members of the Health and Social Services Committee for their continued interest in the many problems which have been brought to them during the year and their support in our varied tasks.

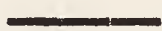
J. HAWORTH HILDITCH,

Medical Officer of Health.

HEALTH OFFICE,
MUNICIPAL BUILDINGS,
LIBRARY STREET,
WIGAN.

July, 1967.

Section I



**Natural and
Social Conditions
of the Area**

GENERAL

Area in acres	....	....	....	....	....	....	....	5,083
Rateable Value of the Borough, 31st December, 1966	....	....	....	....	....	....	....	£3,007,928
Sum Represented by a Penny Rate	....	....	....	....	....	....	....	£11,557
Registrar General's estimated population on 1st July, 1966 (on which figure statistics in this report are based)	....	....	....	....	....	....	....	78,080
Number of inhabited houses on the 31st December, 1966 (according to the Rate books)	....	....	....	....	....	....	....	25,454
Number of marriages solemnized within the Borough during 1966								711

The Borough of Wigan forms a considerable part of the valley of the River Douglas. The river, which is the boundary on the north side, continues its course to the centre of the town and finally becomes the boundary at the west side. The levels on which the river enters and leaves are respectively 150 and 69 feet above sea level. Water taken from the river feeds the Leeds and Liverpool Canal which traverses the town. Due to the meagre drop in level the river water flows slowly and the bed is self-cleaning only during the winter months. The waters are badly polluted before they enter the borough and as a result of this and subsequent pollution the river maintains little or no life—plant nor animal. The maximum elevations of the town are at the extreme north 254 feet and at the south-west 260 feet. The lowest level is at the north-west boundary which is 69 feet above sea level.

Geologically, the whole of the Borough rests on the lower coal measures, or Gannister beds, which are here very superficial. This has led to outcrop mining in several parts of the district. The subsoil is mainly clay which in places has a depth of nearly 20 feet; but there is an important layer of sand covering a large part of the centre of the town and extending northwards in the direction of Standish. This sand is also found in "pockets" in other parts of the Borough. Much of the Western portion, beyond the Park, lies on a fairly extensive gravel bed.

Extensive mining operations over several generations have brought about subsidence in many parts of the Borough. In some areas this has had a disastrous effect on property and is a constant source of worry both as regards the conditions of old sewers and water mains and planning sites for new buildings.

The population is essentially an industrial one, the principal industries being manufacture of coal mining equipment, iron and steel working, cotton spinning and weaving and the manufacture of clothing, telephone equipment, plastic hollow ware and paper board packing cases.

The development of the Lamberhead Green trading estate brought some light industry to the town but much more work of this sort is required. The Ministry of Labour Remploi Factory caters for the disabled who are able to perform useful work.

In addition the availability of female labour in the town has prompted the opening of more factories for the machining of garments and the packaging of mail order goods.

The number of elderly citizens in the community is increasing. Many young married people, particularly in Social Classes III and IV, are moving out to the less congested dormitory areas on the periphery of the town. From here many return daily to seek their living in Wigan and invariably they use the facilities available in the Borough for education, recreation and shopping.

The Scholes redevelopment scheme is now well under way and as the flats, maisonettes and houses are completed it is remarkable to see the enthusiasm to return of many who have moved away from the centre of Wigan.

The movement is particularly noticeable amongst the older age groups who value the "community" atmosphere and bustle associated with the busy town centre.

Section 11



Statistics

VITAL STATISTICS, 1965-66

	1965	1966
Area (acres)	5,083	5,083
Population (Estimated by Registrar General)	77,690	78,080
Live Births : Males 684 } Total	1,274	1,346
Females 662 }		
Rate per 1,000 population	16.40	17.24
Illegitimate Live Births per cent of total live births	4.63	5.35
Stillbirths : Number	27	16
Rate per 1,000 total live and still births	20.75	11.75
Total Live and Still Births	1,311	1,362
Infant Deaths (Deaths under 1 year)	31	26
Infant Mortality Rates :		
Total Infant Deaths per 1,000 total live births....	24.33	19.32
Legitimate Infant Deaths per 1,000 legitimate live births	23.87	18.84
Illegitimate Infant Deaths per 1,000 illegitimate live births	33.90	27.78
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	17.27	14.12
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	14.13	12.63
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	34.59	24.23
Maternal Mortality (including abortion) :		
Number of Deaths	1	—
Rate per 1,000 total live and still births	0.77	0.00
Adjusted Birth Rate per 1,000 Population (Area comparability factor 1.05)	17.22	18.10
Ratio of local adjusted rate to national rate	0.95	1.02
Birth Rate for England and Wales	18.1	17.7
Deaths of Infants under 1 day old	12	7
Ditto. 1 year (legitimate)	29	24
Ditto. 1 year (illegitimate)	2	2
Excess of Registered Births over Deaths	247	349
Deaths : Males 525 } Total	1,027	997
Females 472 }		
Rate per 1,000 population	13.22	12.77
Adjusted Death Rate per 1,000 population (Area comparability factor 1.10)	14.67	14.05
Ratio of local adjusted rate to national rate	1.27	1.20
Death Rate for England and Wales	11.5	11.7
Infantile mortality rate per 1,000 births for England and Wales	19.0	19.0

CAUSES OF DEATH WITH DEATH RATES, 1966

DISEASE						No. of Deaths	Rate
1.	Tuberculosis, Respiratory					6	.08
2.	Tuberculosis, Other					—	—
3.	Syphilitic Disease... ..					1	.01
4.	Diphtheria... ..					—	—
5.	Whooping Cough					—	—
6.	Meningococcal Infections					1	.01
7.	Acute Poliomyelitis					—	—
8.	Measles					—	—
9.	Other Infective and Parasitic Diseases					—	—
10.	Malignant Neoplasm Stomach					23	.29
11.	ditto	ditto	Lung, Bronchus			29	.37
12.	ditto	ditto	Breast			14	.18
13.	ditto	ditto	Uterus			6	.08
14.	Other Malignant and Lymphatic Neoplasms					80	1.02
15.	Leukaemia, Aleukaemia					1	.01
16.	Diabetes					6	.08
17.	Vascular Lesions of Nervous System					146	1.87
18.	Coronary Disease, Angina					191	2.45
19.	Hypertension with Heart Disease					12	.16
20.	Other Heart Disease					139	1.78
21.	Other Circulatory Disease					51	.65
22.	Influenza					4	.05
23.	Pneumonia					39	.50
24.	Bronchitis					74	.95
25.	Other Diseases of Respiratory System					10	.13
26.	Ulcer of Stomach and Duodenum					11	.14
27.	Gastritis, Enteritis and Diarrhoea					3	.04
28.	Nephritis and Nephrosis					8	.10
29.	Hyperplasia of Prostate					1	.01
30.	Pregnancy, Childbirth, Abortion					—	—
31.	Congenital Malformations					7	.09
32.	Other Defined and Ill-Defined Diseases					87	1.11
33.	Motor Vehicle Accidents					11	.14
34.	All Other Accidents					24	.31
35.	Suicide					10	.13
36.	Homicide and Operations of War					2	.03
						997	12.77

REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH

1966

CAUSES	Sex	All Ages	Under 4 wks.	4 wks. to 1 yr.	AGE IN YEARS									
					1-	5-	15-	25-	35-	45-	55-	65-	75-	
ALL CAUSES	M.	525	11	4	3	2	4	7	13	36	119	161	165	
	F.	472	8	3	6	1	—	3	10	28	63	135	215	
1 Tuberculosis, Respiratory	M.	6	—	—	—	—	—	—	—	1	2	2	1	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	
2 Tuberculosis, Other	M.	—	—	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	
3 Syphilitic Disease	M.	1	—	—	—	—	—	—	—	—	1	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	
4 Diphtheria	M.	—	—	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	
5 Whooping Cough... ..	M.	—	—	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	
6 Meningococcal Infections	M.	1	—	—	1	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	
7 Acute Poliomyelitis	M.	—	—	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	
8 Measles	M.	—	—	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	
9 Other Infective and Parasitic Diseases	M.	—	—	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	—	—	
10 Malignant Neoplasm, Stomach	M.	11	—	—	—	—	—	—	—	1	4	5	1	
	F.	12	—	—	—	—	—	—	—	1	3	3	5	
11 Malignant Neoplasm, Lung, Bronchus	M.	26	—	—	—	—	—	1	—	2	11	6	6	
	F.	3	—	—	—	—	—	—	—	1	—	1	1	
12 Malignant Neoplasm, Breast	M.	1	—	—	—	—	—	—	—	1	—	—	—	
	F.	13	—	—	—	—	—	—	1	1	2	4	5	
13 Malignant Neoplasm, Uterus	F.	6	—	—	—	—	—	—	—	2	1	—	3	
14 Other Malignant and Lymphatic Neoplasms	M.	34	—	—	—	—	—	1	2	2	10	9	10	
	F.	46	—	—	—	—	—	—	2	5	14	14	11	
15 Leukaemia, Aleukaemia	M.	—	—	—	—	—	—	—	—	—	—	—	—	
	F.	1	—	—	—	—	—	—	—	—	—	1	—	
16 Diabetes	M.	2	—	—	—	—	—	—	—	—	—	1	1	
	F.	4	—	—	—	—	—	—	—	—	2	—	2	
17 Vascular Lesions of Nervous System	M.	69	—	—	—	—	—	—	1	5	11	22	30	
	F.	77	—	—	—	—	—	—	1	6	8	24	38	
18 Coronary Disease, Angina	M.	130	—	—	—	—	—	1	4	14	41	52	18	
	F.	61	—	—	—	—	—	—	—	2	8	23	28	

REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH

1966—continued

CAUSES	Sex	All Ages	Under 4 wks.	4 wks. to 1 yr.	AGE IN YEARS									
					1-	5-	15-	25-	35-	45-	55-	65-	75-	
ALL CAUSES	M.	525	11	4	3	2	4	7	13	36	119	161	165	
	F.	472	8	3	6	1	—	3	10	28	63	135	215	
19 Hypertension with Heart Disease	M.	5	—	—	—	—	—	—	—	—	2	1	2	
	F.	7	—	—	—	—	—	1	—	—	2	2	2	
20 Other Heart Disease ...	M.	52	—	—	—	—	—	1	1	4	4	11	31	
	F.	87	—	—	—	—	—	1	2	3	9	19	53	
21 Other Circulatory Disease	M.	33	—	—	—	—	—	—	1	—	4	6	22	
	F.	18	—	—	—	—	—	—	1	—	2	4	11	
22 Influenza	M.	1	—	—	—	—	—	—	—	—	—	—	1	
	F.	3	—	—	—	—	—	—	—	—	—	2	1	
23 Pneumonia	M.	22	—	3	1	—	—	—	1	—	1	5	11	
	F.	17	—	1	1	—	—	—	—	1	1	7	6	
24 Bronchitis... ..	M.	51	—	—	—	—	—	—	—	4	17	22	8	
	F.	23	—	1	—	—	—	—	—	1	2	5	14	
25 Other Diseases of Respiratory System ...	M.	9	—	—	—	—	—	—	1	1	3	2	2	
	F.	1	—	—	—	—	—	—	—	—	—	1	—	
26 Ulcer of Stomach and Duodenum	M.	6	—	—	—	—	1	—	—	—	1	2	2	
	F.	5	—	—	—	—	—	—	—	—	1	3	1	
27 Gastritis, Enteritis and Diarrhoea	M.	1	—	—	—	—	—	—	—	—	—	—	1	
	F.	2	—	—	1	—	—	—	—	—	—	1	—	
28 Nephritis and Nephrosis	M.	3	—	—	—	—	—	—	—	—	1	2	—	
	F.	5	—	—	—	—	—	—	—	2	1	—	2	
29 Hyperplasia of Prostate ...	M.	1	—	—	—	—	—	—	—	—	—	1	—	
30 Pregnancy, Childbirth, Abortion	F.	—	—	—	—	—	—	—	—	—	—	—	—	
31 Congenital Malformations	M.	5	4	—	—	—	—	—	—	—	—	1	—	
	F.	2	1	—	1	—	—	—	—	—	—	—	—	
32 Other Defined and Ill- Defined Diseases ...	M.	33	7	—	—	—	1	1	1	—	5	5	13	
	F.	54	7	—	1	—	—	1	2	3	3	11	26	
33 Motor Vehicle Accidents	M.	7	—	—	—	2	2	—	—	—	—	1	2	
	F.	4	—	—	1	—	—	—	1	—	1	—	1	
34 All Other Accidents ...	M.	11	—	1	1	—	—	2	—	—	1	3	3	
	F.	13	—	—	—	1	—	—	—	—	1	6	5	
35 Suicide	M.	4	—	—	—	—	—	—	1	1	—	2	—	
	F.	6	—	—	—	—	—	—	—	—	2	4	—	
36 Homicide and Operations of War	M.	—	—	—	—	—	—	—	—	—	—	—	—	
	F.	2	—	1	1	—	—	—	—	—	—	—	—	

Crude Death Rates for Wigan During the Last Ten Years

1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
11.53	11.57	11.07	12.04	13.91	12.57	13.26	12.48	13.22	12.77

INQUESTS AND UNCERTIFIED DEATHS

(Wigan Residents Only)

The number of inquests held during 1966 was 80, and the following verdicts have been recorded :—

Natural Causes : 34

Accidents :

Road	....	....	....	....	....	....	....	12	
Fall	....	....	....	....	....	....	....	8	
Electrocution	....	....	....	....	....	....	....	1	
Operation....	....	....	....	....	....	....	....	2	
Gas	....	....	....	....	....	....	....	1	
Self inflicted stab wound			....	....	....	....	....	1	
Burns	....	....	....	....	....	....	....	3	
Inhalation of Coke Fumes			....	....	....	....	....	1	
Suffocation	....	....	....	....	....	....	....	1	
Poisoning	....	....	....	....	....	....	....	1	31

Suicide :

Gas	....	....	....	....	....	....	....	7	
Hanging	....	....	....	....	....	....	....	1	
Poisoning	....	....	....	....	....	....	....	1	
Suffocation by placing head in a plastic bag	....	....						1	10

Open :

Drowning....	3	3
--------------	------	------	------	------	------	------	------	---	---

Manslaughter :

2	2
---	---

—
80
—

DEATHS FROM CERTAIN RESPIRATORY DISEASES

Comparative Rates for the Past Five Years

Bronchitis

			1962	1963	1964	1965	1966
Deaths ....	....	....	82	80	51	83	74
Rates ....	....	....	1.04	1.01	0.66	1.07	0.95

Pneumonia

			1962	1963	1964	1965	1966
Deaths ....	....	....	40	45	38	36	39
Rates ....	....	....	0.51	0.57	0.49	0.46	0.50

Pulmonary Tuberculosis

			1962	1963	1964	1965	1966
Deaths ....	....	....	5	3	4	4	6
Rates ....	....	....	0.06	0.04	0.05	0.05	0.08

Cancer of the Lung, Bronchus

			1962	1963	1964	1965	1966
Deaths ....	....	....	22	46	39	46	29
Rates ....	....	....	0.28	0.58	0.50	0.59	0.37

Other Diseases of Respiratory Organs

			1962	1963	1964	1965	1966
Deaths ....	....	....	15	14	17	18	10
Rates ....	....	....	0.19	0.18	0.22	0.23	0.13

Total from all Respiratory Causes

			1962	1963	1964	1965	1966
Deaths ....	....	....	164	188	149	187	158
Rates ....	....	....	2.08	2.38	1.92	2.40	2.03

CANCER

Deaths 1896-1966

	No.	Rate		No.	Rate
1896—1900	137	0.44	1931—1935	538	1.28
1901—1905	179	0.53	1936—1940	586	1.42
1906—1910	223	0.49	1941—1945	609	1.54
1911—1915	276	0.61	1946—1950	669	1.59
1916—1920	308	0.72	1951—1955	717	1.72
1921—1925	347	0.76	1956—1960	743	1.82
1926—1930	410	0.93	1961—1965	815	2.08
			Year 1966	152	1.94

CANCER

Localisation of Disease, Number of Deaths and Rate per 1,000
Population Annually for the past Ten Years

	1957		1958		1959		1960		1961		1962		1963		1964		1965		1966	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Uterus... ..	6	.07	7	.09	6	.07	6	.07	4	.05	8	.10	12	.15	7	.10	6	.08	6	.08
Stomach	28	.34	33	.41	40	.49	29	.36	23	.29	21	.27	27	.34	24	.31	24	.31	23	.29
Breast... ..	11	.13	14	.17	11	.14	14	.17	13	.17	12	.15	17	.22	14	.18	15	.19	14	.18
Lung, Bronchus...	38	.47	27	.33	40	.49	41	.50	45	.57	22	.28	46	.58	39	.50	46	.59	29	.37
Other Sites... ..	52	.64	52	.64	85	1.05	72	.89	64	.81	77	.98	79	1.00	83	1.07	87	1.12	80	1.02
Total Deaths from Cancer ...	135	1.65	133	1.64	182	2.24	162	1.99	149	1.89	140	1.78	181	2.29	167	21.6	178	2.29	152	1.94
Total Deaths All Causes ...	942	11.53	941	11.57	959	11.82	975	12.04	1098	13.91	992	12.57	1045	13.26	964	12.48	1027	13.22	997	12.77

ANALYSIS OF LIVE PREMATURE BIRTHS 1966

Weight at birth	Premature live births											
	Born in hospital				Born at home or in a nursing home							
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day			
	Total Births (1)	Died			Total Births (5)	Died			Total Births (9)	Died		
		within 24 hours of birth (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)		within 24 hours of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)		within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)
1 2lb. 3oz. or less	3	1	1	—	—	—	—	—	1	—	—	—
2 Over 2lb. 3oz. up to and including 3lb. 4oz.	8	—	4	—	—	—	—	—	—	—	—	—
3 Over 3lb. 4oz. up to and including 4lb. 6oz.	18	3	2	—	—	—	—	—	—	—	—	—
4 Over 4lb. 6oz. up to and including 4lb. 15oz.	23	3	—	—	1	—	—	—	1	—	—	—
5 Over 4lb. 15oz. up to and including 5lb. 8oz.	40	—	—	—	8	—	—	—	2	—	—	—
6 TOTAL	92	7	7	—	9	—	—	—	4	—	—	—

INFANTILE AND MATERNAL MORTALITY

Infantile Mortality

The number of deaths of children under one year was 26, a rate of 19.32 per 1,000 births, and of children over one year and under five years 9, or .11 per 1,000 of the population. (In 1965 there were 31 deaths under 1 year, a rate of 24.33 per 1,000).

The deaths occurred as follows :—

HOME :	HOSPITALS :
5	16 Billinge Hospital
	2 Royal Albert Edward Infirmary
	1 Whelley Hospital
	2 Royal Children's Hospital, Manchester

Of these, 17, *i.e.*, 65% died during the first week of life.

The NEO-NATAL DEATH RATE (deaths per 1,000 live births on or before the 28th day of life) was 14.12. The numbers were :—

	Male	Female	Total
Legitimate	10	7	17
Illegitimate	1	1	2
	—	—	—
	11	8	19
	—	—	—

The PERINATAL RATE for the year was 24.23 compared with 34.59 in 1965 and 36.07 in 1964.

The average rates for the previous 30 years were as follows :—

1936—1945	....	69.28
1946—1955	....	53.24
1956—1965	....	39.68

The STILLBIRTH RATE for the year was 11.75 compared with 20.75 in 1965 and 22.26 in 1964.

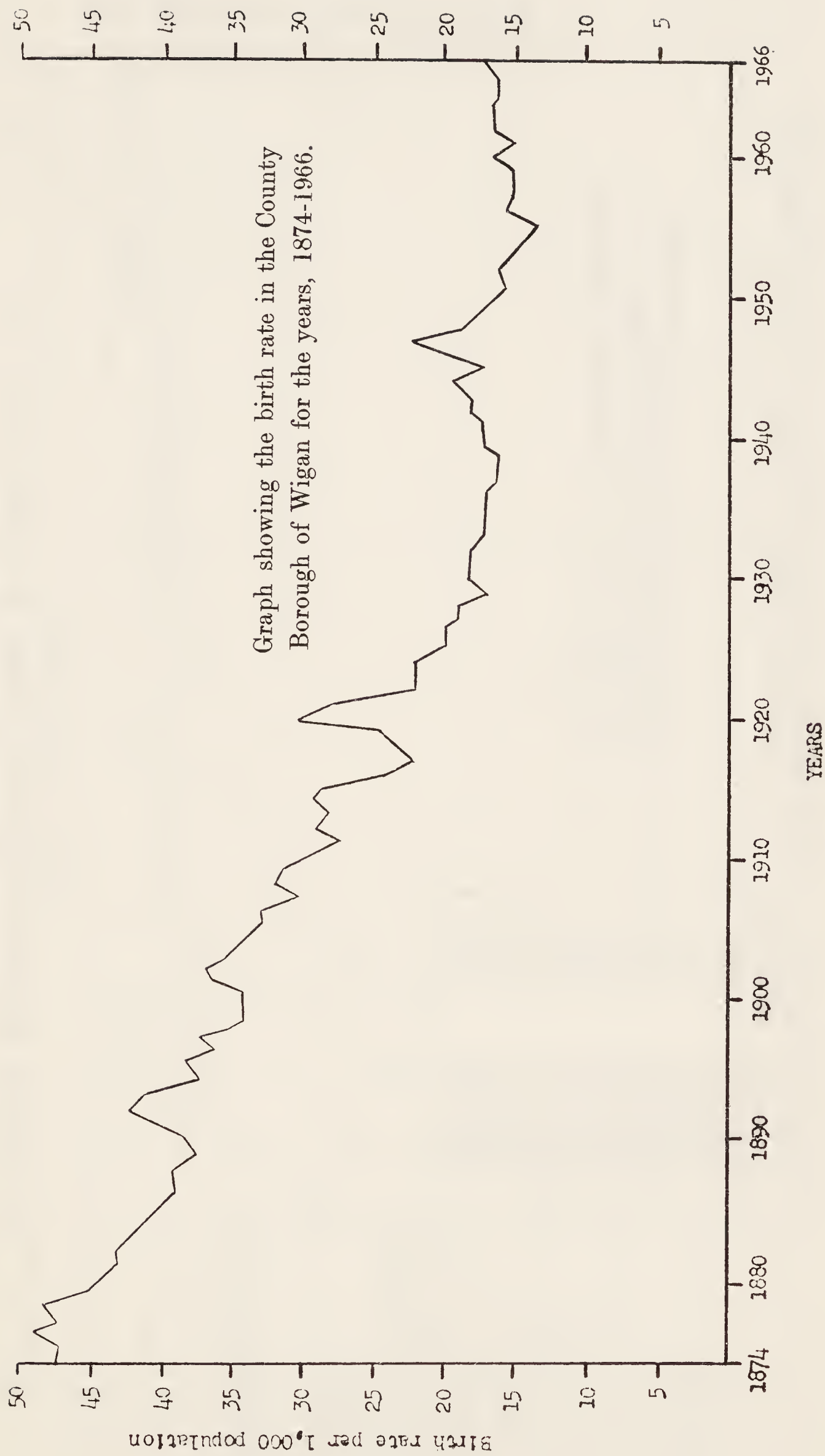
The average rates for the previous 30 years were as follows :—

1936—1945	....	43.56
1946—1955	....	34.42
1956—1965	....	26.31

Again prematurity and congenital malformations figured prominently in the causes of infant death. None of the deaths due to prematurity could have been prevented in the present state of knowledge.

Maternal Mortality

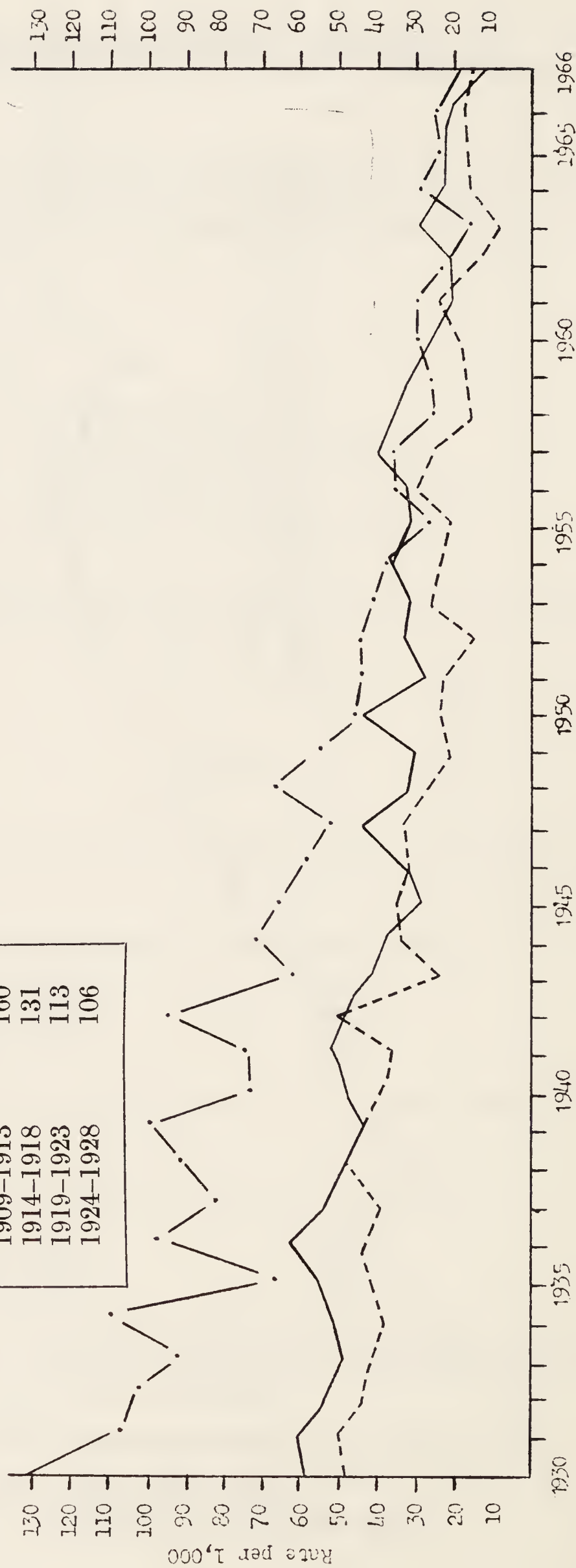
There was no maternal death during the year.



GRAPH showing the INFANT MORTALITY AND STILL BIRTH RATES
in the County Borough of Wigan for the years 1929—1966

Infant Mortality Rate	
5-year periods, 1874-1928	
1874-1878	200
1879-1883	177
1884-1888	171
1889-1893	184
1894-1898	175
1899-1903	184
1904-1908	165
1909-1913	160
1914-1918	131
1919-1923	113
1924-1928	106

- · — · — Infant Mortality Rate (per 1,000 live births).
- Neo-Natal Rate (per 1,000 live births).
- Still Birth Rate (per 1,000 live and still births).



INFANT MORTALITY, 1966

Number of Deaths from Stated Causes at Various Periods

Under 1 Year of Age

CAUSE OF DEATH	Class No.	Under 1 day	DAYS										MONTHS											Total under 1 yr.
			1	2	3	4	5	6	7	14-20	21-28	1	2	3	4	5	6	7	8	9	10	11		
Bronchopneumonia	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
Acute bronchopneumonia—Mongolism	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Bronchiolitis with pulmonary congestion	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
oedema ... ..	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Bronchitis with acute pulmonary congestion...	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Meningo—myelocoele	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Hydrocephalus. Myelocoele ... ..	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Foetal Ascites. Unogenital Malformation.	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Prematurity—Labour at 32 weeks	...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Oesophageal Atresia—Imperforate anus	...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Electrolytic Imbalance. Thoractomy,	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Oesophageal atresca, Prematurity ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Prematurity	32	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	
Prematurity, Asphyxia nomatorum ...	...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Prematurity, Breech delivery ... ..	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Respiratory distress syndrome, Prematurity...	...	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	
Respiratory distress syndrome...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Previabie birth (live). ... ..	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Previabie live birth, Incompetent cervix	...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Haemorrhagic disease ... ..	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Intracranial haemorrhage ... ..	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Asphyxia while in his cot—accidental	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Asphyxia—manslaughter	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
		7	4	4	2	—	—	—	—	1	1	—	3	—	2	—	1	—	—	1	—	—	26	

MORBIDITY**Wigan Area**

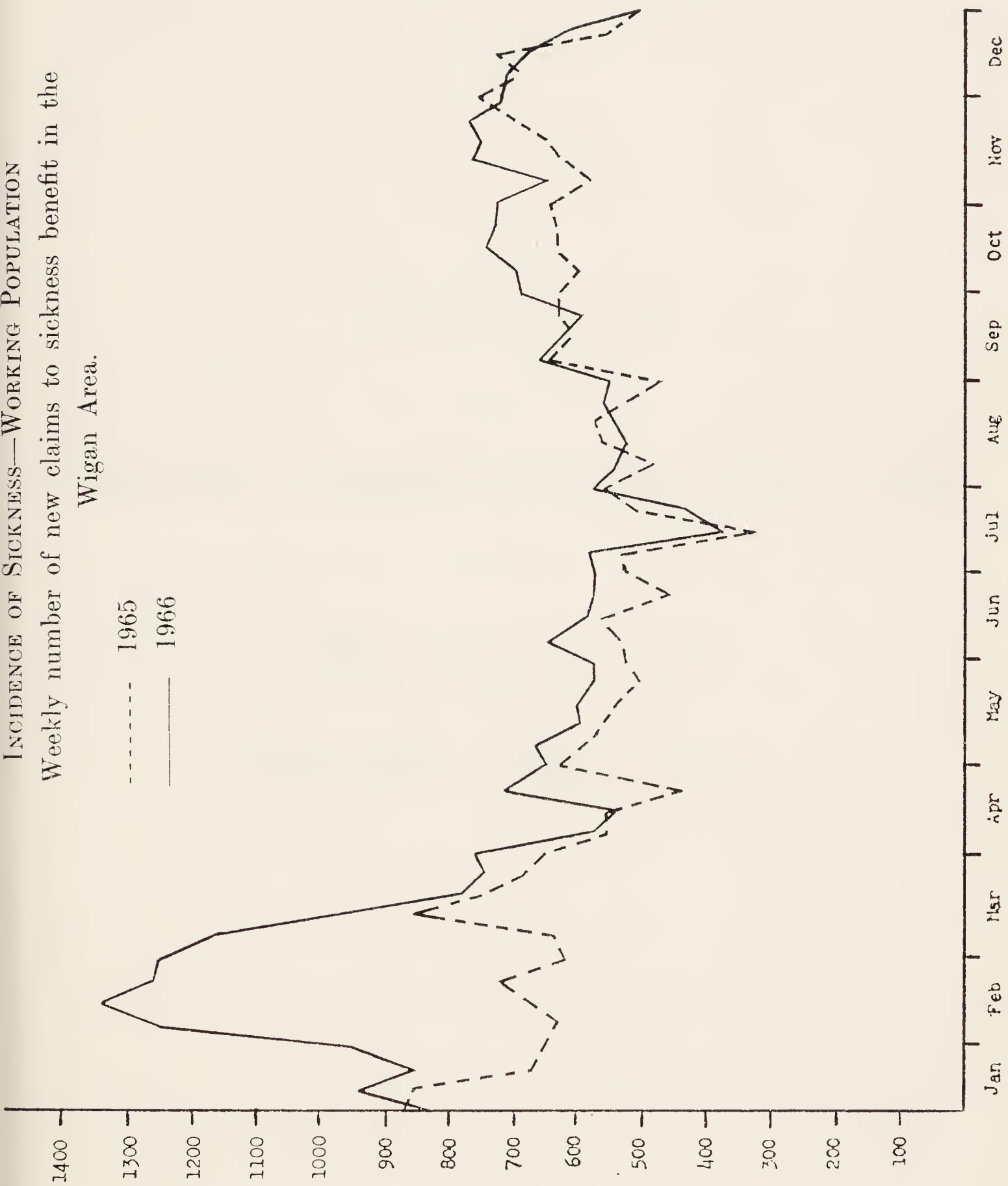
The figures given below, compiled by the local office of the Ministry of National Insurance, indicate the number of persons applying for sickness benefit (first certificate only) week by week during the year 1966.

Jan.	4th	....	821	July	5th	....	574
„	11th	....	939	„	12th	....	357
„	18th	....	848	„	19th	....	424
„	25th	....	929	„	26th	....	594
Feb.	1st	....	1250	Aug.	2nd	....	557
„	8th	....	1335	„	9th	....	512
„	15th	....	1265	„	16th	....	542
„	22nd	....	1246	„	23rd	....	560
Mar.	1st	....	1156	„	30th	....	552
„	8th	....	943	Sept.	6th	....	684
„	15th	....	768	„	13th	....	635
„	22nd	....	722	„	20th	....	604
„	29th	....	735	„	27th	....	698
April	5th	....	691	Oct.	4th	....	708
„	12th	....	522	„	11th	....	762
„	19th	....	707	„	18th	....	732
„	26th	....	636	„	25th	....	716
May	3rd	....	658	Nov.	1st	....	636
„	10th	....	574	„	8th	....	751
„	17th	....	579	„	15th	....	725
„	24th	....	548	„	22nd	....	750
„	31st	....	542	„	29th	....	696
June	7th	....	620	Dec.	6th	....	692
„	14th	....	563	„	13th	....	643
„	21st	....	541	„	20th	....	589
„	28th	....	542	„	27th	....	446

The average weekly number of persons applying for sickness benefit increased from 610 in 1965 to 708 in 1966 due mainly to an outbreak of influenza in January and February.

INCIDENCE OF SICKNESS—WORKING POPULATION
Weekly number of new claims to sickness benefit in the
Wigan Area.

----- 1965
———— 1966



Section III

National Health Service Act, 1946

**Provision of
Health Services**

MATERNAL AND CHILD HEALTH

The undermentioned Centres were open on the days and at the times stated :—

Centre	Days Open
WIGAN CENTRAL CLINIC, Health Centre, Millgate.	Infant and Young Children's Clinic : Wednesday afternoons, 1-30 to 4-0 p.m. Toddler Clinic : Tuesday mornings, 9-45 to 10-30 a.m. Ante-Natal Clinic : Tuesdays, 10-0 a.m. and 2-0 p.m. A Consultant attends on one Thursday of each month. Mothercraft Class : Tuesday afternoons, 1-30 p.m. Post-Natal Clinic : On one Thursday each month at 2-0 p.m. Dental Clinic for expectant and nursing mothers and young children by appointment. Class for expectant mothers: Friday afternoons at 2-0 p.m.
PEMBERTON CLINIC: 15 Billinge Road	Cytology Clinic : By appointment. Infant and Young Children's Clinic : Monday afternoons, 2-0 to 4-0 p.m. Ante-Natal Clinic : Thursday afternoons at 2-0 p.m. A Consultant Obstetrician attends on one Thursday of each month.
SCHOLES CLINIC : St. Catharine's Mission, Platt Lane.	Infant and Young Children's Clinic : Friday afternoons, 2-0 to 4-0 p.m.
WORSLEY MESNES CLINIC : Dryden House, Worsley Mesnes.	Infant and Young Children's Clinic : Tuesday afternoons, 2-0 to 4-0 p.m. Ante-Natal Clinic : Wednesday afternoons, 2-0 to 4-0 p.m. fortnightly.
SPRINGFIELD CLINIC : St. Andrews' Church House, Woodhouse Lane.	Infant and Young Children's Clinic : Tuesday afternoons, 2-0 to 4-0 p.m.
LAMBERHEAD GREEN CLINIC : Methodist Church, Fleet Street.	Infant and Young Children's Clinic : Thursday mornings, 9-30 to 11-30 a.m.
GOOSE GREEN CLINIC : Methodist Church, Northumberland Street.	Infant and Young Children's Clinic : Thursday afternoons, 2-0 to 4-0 p.m.
MARSH GREEN CLINIC : Marsh Green.	Infant and Young Children's Clinic : Wednesday afternoons, 1-30 to 3-30 p.m. Ante-Natal Clinic : Monday afternoons at 2-0 p.m.
ORTHOPAEDIC CLINIC : Health Centre, Millgate.	Open each Monday, Wednesday, and Thursday. Surgeon attends once monthly. Cases from Ince, Hindley, Standish, Aspull, Haigh, Shevington and Platt Bridge also attend.

Worsley Mesnes Clinic

The use of industrialised building methods in the Worsley Mesnes area resulted in a great influx of population which necessitated urgent provision of a clinic for local authority purposes. A Health Centre project is included for the area in the authority's capital expenditure programme but this is not likely to be built in the immediate future. To meet the current needs a two-bedroomed flat on the ground floor was adapted and is being used for Infant welfare and Ante-natal clinics. In addition the health visitor for the area uses the clinic as a base and arrangements are being made for a district nurse to operate from the clinic. The building became operational on 4th May, 1966.

CARE OF EXPECTANT AND NURSING MOTHERS

Ante-Natal Care

General practitioners are now booked to undertake the ante-natal care of expectant mothers in almost 96% of home confinements. At the clinics there is an increasing trend towards the more educational aspect of maternal welfare, including the instruction of mothers in matters relating to the health of themselves and their families and giving them other information designed to develop the best psychological approach to the actual delivery.

Ante-Natal Clinics

Five ante-natal clinic sessions are held each week. The Deputy Medical Officer of Health is present at two sessions held weekly at the Central Clinic, Millgate, and one at Billinge Road, Pemberton. A Consultant Obstetrician attends at each centre one session per month. Midwives' sessions are held weekly at Marsh Green Clinic and on alternate weeks at Worsley Mesnes Clinic.

Chest X-ray of expectant mothers and the taking of blood samples for testing for the Rhesus factor, the Wasserman reaction and the haemoglobin content are all part of the ante-natal care undertaken at clinics. Iron therapy in the form of Ferrous Gluconate tablets is available and a supply of welfare orange juice, vitamins and welfare foods may also be obtained. Maternity outfits are provided for domestic confinements and 48 hour discharges from Billinge Hospital who are under the charge of the non-medical supervisor of midwives. The midwife engaged is responsible for ensuring that each of the patients receives an outfit.

	WIGAN CENTRE		PEMBERTON		MARSH WORSLEY GREEN MESNES	
	Weekly Consultant Clinic		Weekly Consultant Clinic		Weekly Clinic (from 2/11/66)	
Number of Primary Cases attending Clinic during year	551	1	120	24	46	11
Total number of attendances	2,489	280	690	212	333	47

Post-Natal Clinics

For post-natal care one session per month is held and this is attended by a Consultant Obstetrician. Domiciliary cases where no doctor was engaged and cases delivered in hospital may attend for examination. 251 new cases were examined during the year and there were 83 return cases, a total of 334 attendances. Fifty women had 69 cytology smears taken. Two were sent for biopsy.

Health Education for Expectant Mothers

A mothercraft training and exercise class for expectant primiparae is held at the Central Clinic every Friday afternoon. There are 16 classes in each series. Expectant mothers join in group discussions on mothercraft, diet, pregnancy, labour and general care of the infant. Maximum use of film and filmstrips is made. Relaxation exercises are taught and reassurance given to allay any fears which may exist. The classes are conducted by Health Visitors in a fairly informal manner. This makes for truly friendly, relaxed visits by the young mother-to-be. During 1966 there were 50 classes at which 436 attendances were made by expectant mothers.

Care of Unmarried Mothers

There is one residential home in Wigan for expectant and nursing unmarried mothers. It is under the control of the Liverpool Diocesan Church Council but is not restricted to Church of England members and the local authority pay a substantial amount yearly towards its maintenance. The home is registered as a nursing home under the Public Health Act, 1936, and the Nursing Homes Act, 1963. The local health authority clinics are available to those resident in the Home and advantage is taken of these facilities. Full ante-natal care is given to residents from the time of admission. The Home is visited regularly by a Health Visitor and this ensures liaison with staff.

CARE OF CHILDREN UNDER SCHOOL AGE

Notification of Congenital Malformations

Local arrangements have been made for congenital malformations apparent at birth to be notified to the Medical Officer of Health by the doctor or midwife notifying the birth. All concerned have co-operated fully in the scheme and there is no reason to doubt that notifications of all defects are being received. Notification of 19 congenital malformations were received in respect of 18 Wigan children born in 1966, a wide range of conditions being notified. Returns are made to the Registrar General in accordance with Ministry of Health Circular 13/63.

Child Welfare Centres

The local authority has eight child welfare centres, at which one clinic is held each week. Each is in the charge of a Health Visitor and an Assistant Medical Officer attends the clinic sessions. During the year the numbers of persons attending were as follows :—

CLINIC	Attendances of Children			Total	Primary Cases	Cases examined by medical attendant	Mothers Attend'g
	under 1 year	over 1 and under 2	2 and under 5				
Central	1806	294	409	2509	316	1104	2188
Scholes	1101	278	305	1684	164	733	1455
Pemberton	1462	175	154	1791	164	708	1630
Worsley Mesnes	1154	167	194	1515	217	293	1338
Springfield	1828	331	403	2562	229	807	2185
Fleet Street	1098	171	203	1472	117	519	1288
Goose Green... ..	1599	227	157	1983	176	273	1755
Marsh Green	1055	307	321	1683	139	700	1432
	11103	1950	2146	15199	1522	5137	13271

There was a decrease in the total clinic attendances from 17105 to 15199 although there was a slight increase in the number of primary attendances. Compared with the previous year only two clinics, Worsley Mesnes and Goose Green, had increased attendances while there were significant decreases at the Central, Scholes and Marsh Green Clinics. The changes in attendances can generally be attributed to the movements of population brought about by the redevelopment programmes but it is difficult to give a reason for the decrease in attendances, from 2215 to 1683, at the purpose built clinic at Marsh Green. Attendances of mothers at the clinics decreased from 14430 to 13271.

No Consultant attends at the child welfare centres but cases are referred from them to the Paediatrician at the Royal Albert Edward Infirmary. A Health Visitor attends the Paediatric Clinic at the Infirmary weekly as liaison officer and advisor on the social aspects of the cases. Cases are so referred to the Infirmary for orthoptic treatment.

An Orthopaedic Surgeon attends the Central Clinic in Millgate one session each month. Breathing exercises and other treatment are given on Monday, Wednesday and Thursday each week by the Physiotherapist.

A Toddler Clinic is held each Tuesday morning at the Central Clinic. An Assistant Medical Officer attends the session to which selected children are referred by Health Visitors.

Child Guidance

Since the departure in August, 1965 of Dr. J. F. Dunn, Consultant Child Psychiatrist, this important aspect of children's care has inevitably suffered. School and pre-school children from the Wigan Borough are seen by the medical staff of the department in urgent cases but it is quite impossible to give a comprehensive service without the necessary consultant advice.

Distribution of Welfare Foods

Ministry of Health Welfare Foods are distributed from the Welfare Foods shop which is situated in the Municipal Buildings and from the various Maternity and Child Welfare clinics in the Borough. In addition proprietary branded milk foods and vitamin supplements are also sold.

Ministry of Health Welfare Foods :

National Dried Milk	....	....	....	....	15,002 tins
Orange Juice	....	....	....	....	25,549 bottles
Cod Liver Oil	....	....	....	....	2,336 bottles
Vitamin A and D tablets	....	....	....	....	2,545 packets

Proprietary brands of foods and vitamin supplements :

Proprietary milks	....	....	....	....	45,281 packs
Vitamin supplements	....	....	....	....	10,014 packs
Rose Hip Syrup	....	....	....	....	10,118 bottles
Cereals	....	....	....	....	8,378 packets
Malt Extract	....	....	....	....	1,086 packs

Sales of National Dried Milk again decreased and were not, as in previous years, offset by an increase in sales of proprietary milks. Sales of Orange Juice increased by 11% with smaller increases in the sales of Cod Liver Oil and Vitamin A and D tablets. Except for Cereals, which increased by 11%, there was a decrease in the sales of all proprietary foods.

Dental Care and Treatment

I am indebted to the Principal School Dental Officer for the following summary of the dental work carried out during the year for the Maternity and Child Welfare Section :—

The arrangements for the dental examination and treatment of expectant mothers and children under school age, for the year under review, has been limited due to staff shortage. For this reason the one session per week previously allocated for this work was discontinued but facilities remained available for examination and treatment during routine working sessions. In some cases there was a reluctance to accept dental treatment but advice was given and in other instances there was a favourable response.

In addition, children of pre-school age were referred for advice and treatment by the Assistant Medical Officers and Health Visitors.

Analysis of Priority Dental Care :—

	Equivalent Sessions	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	7.9	16	15	11	6
Children under five		29	28	22	12

Forms of Dental Treatment provided :—

	Scalings and Gum Treatm't	Filling	Silver Nitrate Treat- ment	Crowns or Inlays	Extrac- tions	General Anaes- thetics	Dentures provided		Radio graphs
							Full Up. or Lr.	Part Up. or Lr.	
Expectant and Nursing Mothers	3	21	—	—	10	—	—	—	—
Children under Five... ..	—	34	—	—	26	13	—	—	—

Day Nursery

There is accommodation for 67 children and the nursery is open Monday to Friday, 7-0 a.m. to 7-0 p.m. It is provided primarily for children of mothers who go out to work and also for children whose parents are temporarily unable to care for them. Demand for nursery places remains at a high level and there is a waiting list of children seeking admission.

An Assistant Medical Officer attends the nursery at regular intervals to supervise the health of the children.

Attendances fluctuate considerably and are particularly affected by outbreaks of infectious diseases. In 1966 the average daily attendance was 58 compared with 57 in 1965 and 58 in 1964.

Nurseries and Child Minder's Regulation Act, 1948

Child Minders

There were at the end of 1966 two registrations for a total of 11 children.

Regular inspections were carried out by the departmental staff to ensure that the provisions of the Act were complied with.

Playgroup

A pre-school playgroup for twelve children was registered by the Authority.

Interest in the establishment of playgroups is increasing. Some notes of guidance regarding standards have been issued from the Health Department and any person seeking to establish a playgroup is offered advice by the Superintendent Health Visitor.

FAMILY PLANNING

The Council makes available accommodation in the Central Clinic, Millgate, and Billinge Road Clinic for the use of the Wigan Family Planning Clinic. A regular weekly evening session is held at the Central Clinic, in addition to a special session on the evening of the first Tuesday in each month. Sessions at Billinge Road Clinic are held weekly on Tuesday afternoons. Attendances continue to rise and reached a total of 4,546 in 1966 compared with 4,377 in 1965. There were 630 new patients during the year.

For lay staff the clinic relies on voluntary workers from the Association. In addition specially trained women doctors and nurses are employed at each session. There is no doubt that the service contributes greatly to the sum of social medicine undertaken by the Authority. The professional and voluntary workers deserve the highest praise for their efforts.

DOMICILIARY MIDWIFERY

The staff employed at the end of the year was one non-medical Supervisor, and 11 whole-time municipal midwives.

The total number of cases attended by them during the year was 471 compared with 499 in 1965. This represents 34% of the total Wigan births during the year. The general practitioner was engaged in over 95% of the cases. Irrespective of whether or not the doctor is engaged the midwife must make regular antenatal visits to her patients and 6,180 such visits were made in 1966. After delivery the midwife attends her patient for a minimum of ten days and for a longer period if circumstances require it.

Early Discharge

The system of 48-hour discharge for selected cases was continued during the year. There is full prior agreement between the hospital, general practitioners and the midwifery service but in addition to these cases, many other mothers are discharged from hospital before the tenth day because of the shortage of hospital beds. These latter cases add considerably to the work of the midwives and, having to be accepted at very short notice indeed, do cause administrative problems. There were 907 early discharges during 1966, some of whom left hospital as early as one day after delivery. 147 of these cases were planned 48-hour discharges.

Hospital Bookings

Booking for confinement in hospital is restricted to certain categories of patients, *i.e.*, where there is some obstetrical abnormality, for primiparae who seek admission, for cases where there is some associated medical condition and for those whose home conditions are unsuitable. The supervisor of midwives visits the homes of all who apply on social grounds and there is good co-operation in this direction between the hospital, the general practitioners and the clinics. During the year 12 such cases were investigated, 7 of which were subsequently admitted to hospital, the remaining 5 having their babies at home. 150 homes have been visited regarding suitability for the nursing of patients discharged from hospital in 48 hours. These investigations were carried out by the midwives on whose areas the patients resided.

Night Rota System

A night rota system for midwives continued to operate. Three midwives were on duty each night and attended all calls within the Borough. The team of three midwives remained on night duty for a whole week and could then expect no further night calls for three weeks. Calls during the night were made to the Ambulance Station and the Control Assistant contacted the appropriate midwife. The arrangements have worked very satisfactorily and enabled midwives to enjoy a more normal home life for three weeks in four.

Ante-Natal Clinics

The midwives were on duty by rota at the ante-natal clinics. In addition to providing the opportunity to have their clinical findings confirmed, the midwives also met mothers whom they might possibly deliver because of the night rota system.

At the ante-natal clinics samples of blood were taken, 148 for Wasserman reaction, 242 for the Rhesus factor and 1,324 for haemoglobin estimation. 119 expectant mothers were referred to the Chest Clinic for chest X-ray, 102 attended and there were 17 defaulters.

Midwives working in domiciliary practice attended ante-natal clinics run by general practitioners in their own surgeries. During the year the scheme was extended to include four more doctors, making a total of eight. Pressure of work precludes any further expansion at present. However, the scheme has been received with enthusiasm by general practitioners and midwives, and it is hoped to extend it further when staffing conditions permit.

Medical Aid

By the rules of the Central Midwives Board, midwives are required to send for medical aid under conditions and for reasons which are specified. Medical aid was summoned in 166 cases, 18 of which were for conditions arising during the ante-natal period. In 97 cases medical advice was sought for the mother alone, in 26 cases for the child alone, and 25 cases for both mother and child. The general practitioner had been engaged in 150 cases.

Analgesia

During the year Gas and Air Analgesia was discontinued in the Wigan Service. Four more "Entonox" machines were purchased and each midwife now carries one of these or a "Trilene" outfit. Entonox machines have been approved by the Central Midwives Board for use by unsupervised midwives and provide for the administration of a 50/50 mixture of nitrous oxide and oxygen. Cylinders of analgesic gases are supplied through the Ambulance Depot.

Details of analgesics administered by midwives during the year are shown below :

						No. of cases
Gas and Air only	....	....	....	....	....	12
Trilene only	....	....	....	....	....	62
Pethilorfan only	....	....	....	....	....	70
Gas and Air and Pethilorfan	....	....	....	....	....	39
Trilene and Pethilorfan	....	....	....	....	....	62
Nitrous Oxide and Oxygen only	....	....	....	....	....	46
Nitrous Oxide and Oxygen and Pethilorfan	....	....	....	....	....	144

Emergency Obstetrical Unit

By arrangement with the Wigan and Leigh Hospital Management Committee a mobile Obstetrical Unit based on Billinge Hospital was available for cases of obstetrical emergency occurring within the Borough. The unit, composed of an obstetrician and an experienced hospital nurse, along with equipment for blood transfusion, was transported to the home by the Ambulance Service. Five calls were made upon this service during the year.

Care of Premature Infants

The number of premature infants (*i.e.*, weighing $5\frac{1}{2}$ lbs. or less at birth) notified during the year was 117; of these 14 were born at home and 103 in hospital.

The early care of premature infants born at home was undertaken by the Supervisor and the midwife engaged for the confinement. On receiving information of the birth the Supervisor took over responsibility for the case and the midwife worked under her direction. Visits were paid daily or more often if necessary, special attention being given to the feeding and handling of the baby. Special equipment in the form of draught-proof cots with bedding and hot water bottles, and oxygen resuscitator and baby clothing were provided. Daily record charts were made out for each infant and these were made available to the doctor attending the cases. The intensive visiting was continued during the first month or until such time as the baby had attained normal standards. By these means the mother was given every opportunity of learning how to handle and tend the infant.

The results of this concentrated attention were very good and fully justified the time devoted to them. All premature babies were entered upon the Department's "At Risk" register as a matter of routine.

There is a premature baby unit at Billinge Hospital under the control of the Consultant Paediatrician. Close liaison was maintained with the Department, especially when babies were about to be discharged to home and specialised nursing was continued where necessary.

Retrolental Fibroplasia

No case was reported during 1966.

Neo-Natal Cold Injury

Each midwife was supplied with a thermometer registering to 70°F. to facilitate the diagnosis of this condition.

No cases were reported in 1966.

Ophthalmia Neonatorum

No cases were reported in 1966.

Transport of Midwives

Car allowances were made to midwives who used their own motor cars whilst on approved duties. Ten midwives travelled an aggregate of 20,287 miles in the year.

Midwives without motor transport used the Corporation's bus service or the ambulance service.

Maternity Homes

The Christopher Home, administered by the Wigan and Leigh Hospital Management Committee, is the only Maternity Home within the Borough. Six beds are available for maternity cases and during the year there were 36 Wigan births in the Home.

Training of Midwives

The Authority provides district training for pupil midwives taking Part II of the C.M.B. Course. Two students received training during the year and a further two students were in training at the end of the year.

Maternity Liaison Committee

The Maternity Liaison Committee continued to meet periodically and its proceedings greatly helped to co-ordinate the work of the maternity services.

HEALTH VISITING

Summary of visits during the year 1966 :—

No. of primary visits to births	....	....	....	....	....	1,390
„ visits to infants under one year	....	....	....	....	....	5,899
„ „ infants over one year and under two years	....	....	....	....	....	3,142
„ „ infants over two and under five years....	....	....	....	....	....	5,956
„ „ expectant mothers	....	....	....	....	....	171
„ „ cases of infectious disease	....	....	....	....	....	68
„ „ re deaths under one year	....	....	....	....	....	17
„ „ „ stillbirths	....	....	....	....	....	21
„ „ to aged persons	....	....	....	....	....	956
„ „ „ mentally disordered persons	....	....	....	....	....	55
„ „ „ tuberculosis households	....	....	....	....	....	34

The establishment of Health Visitors is eleven but only nine full-time and one part-time were in post on the 31st December, 1966. The Authority operates a generous scheme whereby nurses are sponsored for training as health visitors and two students were undergoing training at the end of the year. Another student successfully completed the course organised by Liverpool Corporation Health Department.

Collaboration with General Practitioners

The scheme introduced in 1962 whereby health visitors collaborate with general practitioners by working with them in their areas continued. One health visitor attended morning surgery with a group practice and another attended for half a day each week. Three health visitors received telephone communications. Liaison visits were made to cases selected by the doctors. This collaboration is proving an extremely valuable link between the general practitioner and the Department.

“At Risk” Register

In order to use the depleted staff to the best advantage an “At Risk” register is maintained and selective visiting is undertaken. The register contains details of infants who are known to have handicapping conditions and those known to be specially “at risk” by reason of unfavourable family history, adverse environment before, during or after birth, or who show suspicious symptoms in the first months or years of life. The health visitor concentrates more on these children than on the normal child whose background does not appear to be unfavourable. At the end of the year the register contained the names of 86 children.

Phenylketonuria

Routine screening for phenylketonuria was carried out by health visitors in child welfare clinics and in the home. Children born in the Borough were given a simple test to detect phenylketonuria which is known to be one of the causes of brain damage. During the year 1,438 children were tested.

Ascertainment of Deafness in Pre-School Children

The screening of vulnerable children for deafness was carried out by specially-trained health visitors and children failing to pass the screening tests were referred to the Medical Officers who have a special experience in the field of audiometry.

Field Work Instruction

The Superintendent Health Visitor attended a four day course on Field Work Instruction in January and a health visitor attended a course in March. The practical training of two student health visitors from other authorities was undertaken and both candidates were successful. Practical training was also given to a student health visitor from the University of London Institute of Education during the Easter vacation. At the end of the year the field work instructors were training two students sponsored by Wigan Corporation and one sponsored by another authority. The two field work instructors attended meetings with the tutors of established courses to ensure that appropriate practical work was being associated with theoretical instruction.

Mothercraft

The importance of mothercraft is now being increasingly recognised and its teaching is one of the duties of the health visitor. During the year, besides the talks at clinics and in the homes, courses of lectures were given in six schools. The interest in one school was so great that two classes had to be held. Observation visits were made to clinics and the day nursery. Of 162 pupils who entered for the examination in "Child Care" for schools, arranged by the National Association for Maternal and Child Welfare, 156 were successful.

Nurse Training

Public Health lectures, practical demonstrations and observation visits were provided for student nurses undergoing training at the Royal Albert Edward Infirmary, Wigan.

Consultant Clinic

One health visitor attends weekly at the Paediatric Clinic at Wigan Infirmary and brings to the notice of the Consultant the social background and environment of the children from the Borough who are attending. She arranges to visit the home when necessary and is available to advise parents as to the best way of carrying out the treatment indicated by the Paediatrician.

Courses

Two health visitors attended a one-day Health Education Project, organised by the Central Council for Health Education, at the Manchester College of Commerce. The Project covered Mothercraft teaching in schools and the examinations undertaken.

Transport Arrangements

Five health visitors used their own cars on official duties for which they received casual user car allowances. The other staff were supplied with tokens for use on Wigan Corporation buses.

Specialised Work

Health Visitors were in attendance at toddler clinics, ante-natal and mothercraft classes and cytology clinics.

General

The work of these all-purpose social visitors is not restricted to children. It continues to widen in scope and will inevitably grow with the increase in the aged population. Unfortunately, because of staff shortages, routine visits to old people continue to be restricted. Emphasis is now being placed on health education, the problems of the aged, especially those living at home; the prevention of break-up of families and the problems of pre-school handicapped children.

THE CHILDREN ACT, 1948

A close liaison exists between the Health Department and the staff of the Children's Department. Assistant Medical Officers of Health are available for consultation and medical examination of all children in the care of the Authority.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

PREVENTION OF BREAK-UP OF FAMILIES

Co-ordinating Officer

Following a joint circular issued in 1950 by the Home Office, Ministry of Health and Ministry of Education, regarding Children Neglected or Ill-treated in their Own Homes, the Medical Officer of Health was designated as co-ordinating officer to secure full co-operation among all the local services, statutory and voluntary, in the borough.

Co-ordinating Committees

It is the duty of the co-ordinating officer to convene meetings of representatives of the various interested bodies to consider significant cases of child neglect and all cases of ill-treatment of children. This Co-ordinating Committee has continued to meet at regular intervals.

The Council also appointed the Chairmen and Vice-Chairmen of the Children's, Education, Estates and Health Committees to determine questions of a special nature on the subject of the circular at elected representative level.

On the 1st October, 1963, Section 1 of the Children and Young Persons Act, 1963, was brought into operation and this extends the powers and duties of Local Authorities to promote the welfare of children. This section is not intended to upset the arrangements already in existence for the performance and co-ordination of preventive work. It does, however, provide statutory authority to perform welfare work and meet any consequent expenditure relating to families where children are likely to need care.

These new powers are of great assistance to the Co-ordinating Committee, particularly in their preventive case work.

The Committee has representatives of the Health, Education, Children's and Housing Departments of the Local Authority, the National Assistance Board, (renamed the Ministry of Social Security on 28th November, 1966). Ministry of Labour, Probation Service, N.S.P.C.C., the Wigan and District Moral Welfare Association, and the W.V.S. It meets at bi-monthly intervals to co-ordinate policy and to minimise multiple visiting by social workers which can prove confusing to the family concerned. Liaison is maintained amongst the Committee members to effect continued help to the families between meetings. A number of voluntary agencies who are not represented at the meetings give timely help in the provision of goods, services and monetary grants and this assistance is greatly appreciated.

No. of cases under review, 1st January, 1966	....	....	16
No. of new cases during the year	....	....	5
No. ceased to be considered	....	....	3
No. of cases under review 31st December, 1966	....	....	18

FAMILY SERVICE PROJECT

Introduction

For some years concern has been felt about a situation developing on one of the Corporation Housing Estates. The houses in question are of the Orlit concrete construction type which are looked upon by tenants as inferior to a traditionally-built house. Consequently many less-desirable tenants came to be concentrated in the area and as a result a bad public image was created. Undoubtedly some design features of the house left much to be desired. The gradual deterioration of the area continued until a point was reached when it was essential for some planned rehabilitation to be undertaken.

Proposed Scheme

Early in 1965 it was agreed that when these houses became vacant extensive renovations would be carried out in an effort to raise the standard of the area. It soon became apparent that the scheme would fail unless more comprehensive measures were taken. These particularly included the social rehabilitation of the "hard-core" families. To deal with this situation, the establishment of the Health Department was increased to include a Family Case Worker who took up duty on 1st February, 1966.

Progress Report

A report which was prepared in August, 1966 on this Family Service Project is reproduced as Appendix "A" on pages 121 to 123. This comments on many of the problems of the Family Case Worker and this special project. It is encouraging to report that some success is now being achieved. Twelve families have been rehoused in permanently renovated accommodation. Supervision and support were necessary in three instances but the response in each case was adequate and the problems have not recurred.

Casework with other families in the area has brought about a definite improvement in four cases, small improvement in two others and arrested the process of deterioration in another four.

Apart from work in this specialised area the Family Case Worker has been engaged with other families in the Borough. Four of these have attained a high degree of rehabilitation, four have pursued a somewhat erratic course with a slight upward trend and one a similar course with a downward trend. A working relationship has been established with all families. The basis of the work has been extensive visiting and office interviewing, allied to a strictly controlled system of providing material assistance when necessary. At the end of the year 18 families were under supervision.

The success so far achieved has been due in no small measure to the collaboration with other social workers and agencies, both statutory and voluntary.

HOME NURSING

Administrative Arrangements

The service functions on a non-resident basis.

The Nurses' Home, 9 New Market Street, is staffed on weekdays from 8-30 a.m. to 7-30 p.m. Messages are accepted between these hours. At all other times requests for a Home Nurse may be left at the Ambulance Station where a member of the control staff is always on duty. The Home Nurse working in the Marsh Green area uses the new clinic as her base and it is intended to base a nurse at the Worsley Mesnes Clinic early in the new year. Certain patients are encouraged to attend for treatment at the Clinic thus saving valuable professional time. Each night a duty nurse leaves the Nurses' Home at 7-30 p.m. to visit a limited number of patients and before going off duty she telephones the Ambulance Station to ascertain whether any emergency calls have been received. Full co-operation from general practitioners and hospitals has ensured that the arrangements have worked very satisfactorily.

Nurses have continued to visit patients as in previous years and when necessary two or even three visits daily have been made in extreme cases. The total number of visits during the year was 53,923.

Injections

The total number of injections given was higher than in the previous year. There was a significant decrease in injections to tuberculosis patients but injections to diabetic and asthmatic patients increased as did injections of narcotics and sedatives and also of parentovite and benerva for patients suffering from mental illness and debility. A four-fold increase in "other" injections resulted from the introduction of new drugs for use in cases of hypertension, threatened abortion and cancer.

Incontinence Pads

Improved quality incontinence pads were provided for selected patients through the Home Nursing Service and were of great benefit both to the patients and nurses concerned. In addition incontinence pads could be obtained for other patients through the Health Department at a special price.

Disposable Equipment

For a number of years disposable syringes have been used by Home Nurses. Disposable gloves were used by the nurses when giving penicillin and streptomycin injections. Other equipment included pre-sterilised dressings and disposable enemas.

Transport

During the year four new Austin Seven cars were delivered for use by Home Nurses who covered 16,818 miles in Corporation owned vehicles. The Superintendent received an allowance for using her car for visiting nurses on the district, five nurses received essential user car allowances and one nurse received an allowance for the use of her auto-cycle. The nurses covered 18,785 miles in their own vehicles on official journeys.

Marie Curie Memorial Foundation

Since February, 1965 the Authority has been responsible for the administration of the Marie Curie "Area Welfare Grant Scheme" and the "Day and Night Nursing Service" in the Borough. These services are financed by the Marie Curie Memorial Foundation and are for the benefit of patients suffering from cancer. The Superintendent of the Home Nursing Service personally supervises the detailed arrangements for help to patients. No difficulties have been experienced and the services have resulted in considerable relief being given to both patients and relatives. A total of 44 cases was helped in 1966.

Staff

At the end of the year the Superintendent and fourteen whole-time nurses (one of them a male nurse) were employed. There were no vacancies on the establishment. Two State Enrolled Nurses were employed during the year. Both worked under a degree of supervision from an experienced State Registered Nurse with District Training and were able to undertake many time-consuming visits.

Training

A State Registered Nurse having completed her district training in January was awarded certificates by the Ministry of Health and the Queens Institute of District Nursing and a State Enrolled Nurse was successful in the Assessment Examination in June. A male nurse attended a refresher course in Liverpool. The Superintendent attended a study day in London, and eight nurses attended a study day in Preston. A Nursing Officer of the Queens Institute of District Nursing conducted a survey for two days in October. Nursing Students from the Royal Albert Edward Infirmary visited the Home Nursing service to observe the work of the district nurses. At the request of the Health Visitor Field Work Instructor the Superintendent gave talks to student health visitors about District Nursing procedure.

Use of Ancillary Help in the Local Authority

A detailed survey of the Home Nursing Service was carried out over a ten day period, during which 1506 visits were made to 338 patients, 200 of whom were visited more than once. The results of this survey were analysed by computer.

As part of the survey nurses were asked to give their opinion regarding the delegation of work to other persons. In 127 visits ($8\frac{1}{2}\%$ of the total) complete delegation of nursing care was suggested. The visits were mainly to patients receiving general nursing care, dressings and simple injections. It was considered that S.E.N.'s could undertake the work in almost all these cases. Partial delegation of nursing care was suggested in 531 visits ($34\frac{1}{2}\%$ of the total). In the majority of cases a S.E.N. was considered to be the most appropriate worker to give assistance but the need for a chiropodist was evidenced in rather more than 3% of the cases.

Since the survey a S.E.N. has been recruited to fill a vacancy caused by the resignation of a S.R.N. The employment of S.E.N.'s is considered to be a practicable proposition where they can undertake the whole of the nursing duties which are required. In cases where they are able to carry out only part of the duties the increase in travelling time incurred sending two nurses to one case must be carefully weighed against the saving in nursing time of S.R.N.'s. This is particularly relevant in Wigan as no great difficulty has up to now been experienced in the recruitment of S.R.N.'s for the Home Nursing Service.

Statistical Information :

1. Staff establishment at the time of survey

(a) Superintendent, Home Nursing Service	1
(b) S.R.N. (Queen's trained) Female	5
Male	2
(c) S.R.N. (without district training) Female	6
(d) S.E.N. Female	1

2. Content of survey

(a) No. of visits	1,506
(b) No. of patients	338
(c) No. of patients visited more than once	200

3. Analysis of time spent on duty

(a) With patients	64.9%
(b) Travelling	24.7%
(c) Record keeping	8.7%
(d) Communications with general practitioners other agencies and administrative centre	1.7%

The following is a record of work done during 1966 :—

No. of cases on the books 1st January, 1966....	468
No. of new cases during 1966	1,282
No. of visits paid by the nurses	53,923

No. of cases ceased to be visited :—

Now convalescent	689
Removed to hospital	299
Deaths	183
Other reasons	84
—	1,255

No. of cases remaining on the books on 31st December, 1966 495

A classification of cases attended during 1966 will be found on pages 44—47.

Table II—Aged 65 Years or Over

				1965			1966		
				Male	Female	Total	Male	Female	Total
Tuberculosis, respiratory	....	....	....	3	1	4	—	—	—
Tuberculosis, other forms	....	....	....	—	—	—	—	4	4
Malignant neoplasms	....	....	....	24	26	50	28	35	63
Benign and unspecified neoplasms	....	....	....	2	3	5	—	2	2
Diabetes Mellitus	....	....	....	2	13	15	1	17	18
Vascular lesions affecting central nervous system	....	....	....	30	29	59	35	58	93
Arteriosclerotic and degenerative heart disease	....	....	....	42	41	83	33	48	81
Other diseases of circulatory system	....	....	....	38	132	170	48	175	223
Diseases of Digestive system	....	....	....	—	—	—	—	2	2
Diseases of Urinary system	....	....	....	—	—	—	4	2	6
Pneumonia	....	....	....	3	8	11	6	12	18
Bronchitis	....	....	....	34	117	151	33	29	62
Other diseases of respiratory system	....	....	....	—	4	4	5	3	8
Rheumatism	....	....	....	—	3	3	1	3	4
Arthritis	....	....	....	2	22	24	1	20	21
Varicose ulcers	....	....	....	5	15	20	3	20	23
General rashes on body	....	....	....	1	1	2	2	—	2
Cellulitis	....	....	....	1	3	4	2	2	4
Abscesses, Boils, Carbuncles	....	....	....	2	2	4	1	3	4
Bedsores, Shingles, Septic Areas	....	....	....	1	8	9	11	29	40
Senility, General and Nervous Debility, Neurasthenia	....	....	....	49	78	127	33	65	98
Injuries due to falls	....	....	....	1	1	2	1	8	9
Fractures	....	....	....	4	9	13	2	12	14
Burns	....	....	....	3	2	5	1	2	3
Scalds	....	....	....	—	1	1	1	3	4
Supra-pubic drainage	....	....	....	2	—	2	—	—	—
Prostatectomy	....	....	....	5	—	5	7	—	7
Gastrectomy	....	....	....	1	2	3	1	—	1
Hysterectomy	....	....	....	—	—	—	—	—	—
Cholecystectomy	....	....	....	1	6	7	—	3	3
Procedentia and Diseases of the uterus	....	....	....	—	43	43	—	39	39
Preparation for X-ray	....	....	....	1	3	4	3	1	4
Constipation	....	....	....	—	—	—	11	26	37
Cataract	....	....	....	1	—	1	—	2	2
Herniotomy	....	....	....	1	3	4	4	1	5
Laparotomy	....	....	....	1	2	3	2	2	4
Amputation	....	....	....	—	1	1	1	3	4

Table III (a)—Children Under 5 years

Abscesses	....	....	....	....	....	....	....	....	....	1
Anaemia	....	....	....	....	....	....	....	....	....	2
Appendicitis	....	....	....	....	....	....	....	....	....	1
Bronchitis	....	....	....	....	....	....	....	....	....	1
Burns	....	....	....	....	....	....	....	....	....	1
Circumcision	....	....	....	....	....	....	....	....	....	2
Constipation and Colic	....	....	....	....	....	....	....	....	....	1
Otitis Media	....	....	....	....	....	....	....	....	....	—
Spina Bifida	....	....	....	....	....	....	....	....	....	2
Thrush	....	....	....	....	....	....	....	....	....	1
Tonsillitis	....	....	....	....	....	....	....	....	....	3
Others	....	....	....	....	....	....	....	....	....	6

Table III (b)—Schoolchildren

Anaemia	....	....	....	....	....	....	....	....	....	—
Appendicitis	....	....	....	....	....	....	....	....	....	5
Burns	....	....	....	....	....	....	....	....	....	1
Bronchitis	....	....	....	....	....	....	....	....	....	—
Constipation	....	....	....	....	....	....	....	....	....	3
Diabetes	....	....	....	....	....	....	....	....	....	1
Otitis Media	....	....	....	....	....	....	....	....	....	1
Tonsillitis	....	....	....	....	....	....	....	....	....	3
Septic knee, hands, scalp	....	....	....	....	....	....	....	....	....	2
Others—Impetigo, Muscular Dystrophy	....	....	....	....	....	....	....	....	....	2

Table IV—Injection Therapy

Asthma	Adrenalin, Silbephyeline	....	....	....	312
Anaemia	Anahaemin, Imferon, Examin, Hepastab,	}			13,071
Neuritis	Riboflavin, Campolon, Forte, Cytamin,				
Rheumatism	Neo-hepatex, Actha				
Bronchitis, Chest Infection	} Penicillin....	....	....	....	2,047
Pneumonia, Catarrh		....	....	....
Diabetes	Insulin....	....	....	....	5,395
Cardiac	Mersalyl, Mercardon, thiomerin	....	....	....	3,267
Tuberculosis	Streptomycin and Dimycin	....	....	....	351
Narcotics and	} Morphia, Pethidine, Largactol, Omnipon,				1,664
Sedatives						Scopolamine, Novocaine and other sedatives
Vaccines	....	....	....	....	50
Anti-Tetanus Serum	....	....	....	....	1
Others—Vasolustine,	Primolutdepo, Deca Durabolin	....	....	....	1,449
Nervous Debility	} Parentrovite and Benerva				656
General Debility					
					28,263

VACCINATION AND IMMUNISATION

Wherever practicable the Schedule set out below is now followed in the Department for the protection of children against infectious diseases.

Age	Visit	Vaccine	Injec- tion	Oral	Interval
1-6 months	1	Diphtheria, pertussis, tetanus Poliomyelitis	1	1	4-6 weeks
	2	Diphtheria, pertussis, tetanus Poliomyelitis	2	2	4-6 weeks
	3	Diphtheria, pertussis, tetanus Poliomyelitis	3	3	
7-8 months		Smallpox			
18-21 months		Diphtheria, pertussis, tetanus booster	4		
4½ years		Diphtheria, tetanus booster Poliomyelitis booster	5	4	
8-12 years		Diphtheria, tetanus booster	6		
Over 12 years		B.C.G.			

Smallpox Vaccination

The table below gives details of vaccinations of children carried out during 1966. There were 459 primary vaccinations of children under two years of age. Although this continues to show an increasing trend it still reflects no great credit on Wigan parents. The dangers of smallpox cannot be over emphasised. The speed of modern travel coupled with the arrival of large numbers of immigrants and other travellers who have passed through areas where smallpox is endemic increases the need for protection by vaccination. The help of general practitioners has been sought in an endeavour to improve the position. In addition, smallpox vaccination is now offered at every infant welfare clinic session in the Borough and members of the medical and nursing staff take every opportunity to encourage parents to have their children protected.

				Under 1 year	1 year	2-4 yrs. inclusive	5-15 yrs. inclusive	TOTAL
Primary	....	....	....	342	116	89	93	640
Re-vaccination	....	....	....	—	1	2	9	12
TOTALS	....	....	....	342	117	91	102	652

Poliomyelitis Vaccination

There is still a high percentage of protected persons in the Borough as a result of the remarkable acceptance of oral poliomyelitis vaccination in 1962.

The Blackburn epidemic in 1965 caused a greatly increased demand for protection during that year and, not surprisingly, the primary courses administered during 1966 fell from 2,691 to 1,852 for children under sixteen years of age and from 3,380 to 287 for persons aged sixteen years of age and over. The 1966 figures were, however, slightly higher than the total of 2,069 for 1964.

				M. & C.W. and Special Clinics	School and School Clinic	Private Doctors	Total
POLIOMYELITIS—SALK VACCINE							
Children under 16 years of age :							
Completed Primary Courses	...	...	—	—	10	10
Reinforcing Injections	...	...	—	—	7	7
Person aged 16 years and over :							
Completed Primary Courses	...	...	—	—	—	—
Reinforcing Injections	...	...	—	—	—	—
POLIOMYELITIS—ORAL VACCINE							
Children under 16 years of age :							
Completed Primary Courses	...	...	937	838	77	1852
Reinforcing doses	...	...	1	100	5	106
Persons aged 16 years and over :							
Completed Primary Courses	...	...	215	10	32	257
Reinforcing doses	...	...	—	1	4	5

B.C.G. Vaccination

Although B.C.G. vaccination is offered generally to the 13 year age group the Ministry of Health ruling allows whole classes to be dealt with. This greatly facilitates the administrative work but as a result a small percentage of the children were aged 12 or 14 years. This year's acceptance rate of 87% was again considerably higher than that for the previous year.

Routine protection of 13-year-old school children :—

No. in 13 year age group	....	....	....	....	....	....	1,217
No. for whom consent was obtained	....	....	....	....	....	....	1,054
Percentages of acceptances	....	....	....	....	....	....	87%
No. of Mantoux-Negative	....	....	....	....	....	....	996
No. of Mantoux-Positive	....	....	....	....	....	....	58
Percentage Positive	....	....	....	....	....	....	5.5%
No. Vaccinated	....	....	....	....	....	....	937
No. who had Chest X-ray	....	....	....	....	....	....	53
No. where X-ray showed active tuberculosis	....	....	....	....	....	....	—
No. where X-ray showed lung abnormality requiring further observation	....	....	....	....	....	....	1

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the tuberculosis bacillus. Our percentage, 5.5, compares favourably with that in other urban industrial areas.

The Chest Physician has supplied the following information regarding B.C.G. vaccination of Tuberculosis Contacts during 1966 :—

Children under 15 years of age :—

No. of Contacts skin patch tested	Positive	Negative	B.C.G. Vaccinated
135	23	117	128

94 children were patch tested after B.C.G.—all showed a positive skin reaction.

The figures do not include work carried out amongst hospital staff.

Diphtheria, Whooping Cough and Tetanus Immunisation

The Health Visitor with her personal approach is the spearhead of the drive for a high level of primary protection against Diphtheria, Whooping Cough and Tetanus, while the school nurse is in a unique position to coax the reluctant parents of the primary school child to agree to the child receiving a booster dose of prophylactic.

Details of inoculations carried out during 1966 are given below.

			M. & C.W. and Special Clinics	School and School Clinic	Private Doctors	Total
DIPHTHERIA						
Completed Primary Courses	...	...	851	458	118	1427
Re-inoculations	...	...	447	1751	12	2210
WHOOPING COUGH						
Completed Primary Courses	...	...	832	—	116	948
Re-inoculations	...	...	387	—	10	397
TETANUS						
Completed Primary Courses	...	...	850	462	118	1430
Re-inoculations	...	...	447	685	12	1144

AMBULANCE SERVICE

The service operates from the Ambulance Station, Pottery Road. A 24-hour watch 7 days per week is maintained. Radio-telephone equipment is used in addition to the main station at the Ambulance Depot, ten ambulance vehicles are fitted with mobile transmitter-receivers.

During 1966 there was a further increase in the number of patients carried from 55,791 in 1965 to 56,316 in 1966 and an increase in vehicle mileage from 142,635 to 150,238. The table below indicates the trends in the service since the termination of the agency agreement by Lancashire County Council. An increase of 68½% in patients carried has been contained with a corresponding mileage increase of only 25%. There was a reduction in the number of patients carried to the Psychiatric Day Care Unit at Billinge Hospital but the development of Wrightington Hospital as a major orthopaedic centre has resulted in considerably increased demands on the service. Although these hospitals are situated 5 miles and 6 miles respectively from the ambulance station the average mileage per patient shows only a slight increase.

Year	Total patients carried	Total mileage	Average No. of patients carried per mile	Average mileage per patient
1956	33,420	120,283	0.27	3.6
1957	35,622	119,972	0.28	3.4
1958	37,246	114,725	0.33	3.0
1959	40,058	115,346	0.35	2.9
1960	44,181	127,081	0.35	2.8
1961	49,354	130,182	0.38	2.6
1962	51,446	128,351	0.40	2.5
1963	55,415	135,443	0.41	2.4
1964	55,558	140,047	0.39	2.5
1965	55,791	142,635	0.39	2.6
1966	56,316	150,238	0.38	2.7

Personnel

The establishment of the service at the 31st December, 1966, was as follows :—

- 1 Superintendent.
- 4 Control Assistants.
- 1 Clerk/Day Control Assistant.
- 1 Leading Driver.
- 28 Driver/Attendants.
- 1 Handyman.

Civil Defence

The Ambulance and First Aid Section of the division remains active but difficulty is experienced in attracting new members.

Maintenance of Vehicles

All maintenance and repairs necessary to keep the fleet fully serviceable have been carried out satisfactorily.

AGE OF VEHICLES IN YEARS

Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years	6-7 years	7-8 years	8-9 years	9-10 years	10 years and over
2	1	2	1	1	1	—	1	—	1	1

TOTAL MILEAGE RUN BY EACH VEHICLE

Vehicle No.	Registered No.	Year of Purchase	Make	Type	Mileage		Total
					1965	1966	
3	AJP 500	1954	Daimler	Ambulance	99219	1012	100231 sold
6	BJP 947	1955	Bedford	Ambulance	136302	6643	142945
5	DEK 828	1957	Bedford	Ambulance	107653	12567	120220
4	EJP 800	1959	Bedford	Ambulance	90315	16111	106426
Car	CJP 564	1961	Morr. Oxf.	Car	91012	10300	101312 sold
9	HEK 999	1961	Bedford	Sitting Case	61546	13131	74677
7	HJP 804	1962	Bedford	Ambulance	38764	11236	50000
8	JJP 711	1963	Bedford	Ambulance	46099	15968	62067
10	KJP 984	1964	Bedford	Dual Pur.	31801	18344	50145
2	KJP 966	1964	Bedford	Ambulance	24352	16297	40649
1	AJP 298C	1965	Bedford	Dual Pur.	11822	13099	24921
3	CEK 650D	1966	Bedford	Ambulance	—	6122	6122
Car	CJP 49D	1966	Morris 1800	Car	—	9408	9408

Petrol and Oil Consumption

Vehicle	Make	Reg. No.	Mileage	CONSUMPTION		AVERAGE	
				Petrol Galls.	Oil Pints	M.P.G.	M.P.P.
1	Bedford	AJP 298C	13099	1165.8	17	11.2	770.5
2	Bedford	KJP 966	16297	1383.2	35	11.8	508.5
3	Daimler	AJP 500	1012	166.4	4	6.1	253.0
4	Bedford	EJP 800	16111	1315.1	47	12.2	343.0
5	Bedford	DEK 828	12567	1013.7	41	12.4	106.5
6	Bedford	BJP 947	6643	583.1	74	11.3	90.0
7	Bedford	HJP 804	11236	1202.5	46	9.5	244.3
8	Bedford	JJP 711	15968	1312.4	37	12.2	431.6
9	Bedford	HEK 999	13131	1213.0	26	11.0	505.0
Car	Oxford	CJP 564	10300	386.3	30	26.6	343.0
Car	Morris	CJP 49D	9408	384.4	5	24.2	188.1
10	Bedford	KJP 984	18344	937.5	11	20.0	1667.7
3	Bedford	CEK 650D	6122	523.0	22	11.7	278.3
		TOTALS :	150238	11586.4	395	13.0	380.0

Summary of Work Undertaken During the Year 1966

CLASSIFICATION	MILES	PATIENTS
SECTION 27 PATIENTS :		
Street Accidents (including all road users)	981	278
Other Street Accidents	385	103
Work Accidents	368	90
Home Accidents	1127	241
Recreation Accidents	652	159
Unclassified Injuries	655	153
Street Illnesses	460	126
Home Illnesses	699	145
Works Illnesses	135	36
Other Illnesses	386	102
Maternity	6,331	598
Mental Welfare Officers	4,205	293
Infectious	46	11
Deceased	323	59
Admissions, Discharges, Transfers and Clinic Cases	91,259	24,133
Service and Fruitless	16,56	—
Psychiatric Unit, Billinge	11,559	6,802
SECTION 27 PATIENTS—RECOVERABLE :		
Lancashire County Council	129	16
Other Authorities	1,804	135
National Coal Board	15	3
Fruitless Journey	50	—
OTHER RE-CHARGEABLE WORK :		
Welfare Services	2,797	1,161
Mentally Sub-normal Children	18,295	19,019
Midwives and Gas and Air Analgesia	555	—
Mental Health	289	—
Day Care Unit	5077	2653
TOTALS	150,238	56,316

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education

According to the Cohen Report the best means of undertaking Health Education is probably instruction of small groups or individuals. Whilst shopkeepers and mothers of young children, for example, are adequately reached by Public Health Inspectors and Health Visitors respectively during normal working hours, reaching other sections of the public is not always possible at these times. Nevertheless a number of experiments were tried during the year in an endeavour to increase public knowledge of good health in the broadest sense.

An Administrative Assistant whose duties include the organisation of Health Education commenced duties in January. Periodic meetings of section heads were arranged at which the choice of topics to be publicised during the year was determined. Other members of the staff were shown new Health Education and staff training films.

The Health Visitors' classes for expectant mothers continued to be held at the Central Clinic every week and mothercraft courses continued in the schools with the maximum use of film strips and films.

The first venture was a very simple distribution to local churches, public offices and various places of employment of Ministry of Health posters and leaflets on vaccination and immunisation against infectious diseases. Leaflets were also distributed by the Health Visitors and made available to General Practitioners.

The Manchester Regional Committee on Cancer Education Project have a lecturer who gives short talks to groups of workers and others on the early detection and cure of cancer, both during the day or night. Fifty local employers were approached about this service, the loss of skill and man hours due to cancer being emphasised but only five replied. A press report by a popular local journalist followed up this disappointing response but with no apparent result. The total number of lectures given during the year was 16 including 5 to industrial groups.

Personal Hygiene—a difficult subject to put across—was canvassed by placards on local buses for a fortnight in May. Hand washing posters were distributed liberally to employers and schools. Special talks were given by a health visitor in six schools and a public lecture was given at the invitation of the Co-operative Society's Education Department. Prior to the campaign local pharmacists were asked to consider special displays of soaps and deodorants and the manufacturers of these products were invited to advertise their wares more intensively. Only one firm responded with press advertisements but a number of representatives canvassed the pharmacists. Special leaflets on personal hygiene were distributed to all 15 year olds at school.

In the course of the year the Consultant Venereologist, Dr. P. S. Silver, gave lectures in 8 out of 15 secondary schools, the remainder declined to accept his visits. There is still some reluctance to discuss V.D. openly.

During Mental Health Week, from 5th to 11th June, a good response was had to invitations to an open day at Fabrex and Hope School Training Centres. Problems of retardation and psychiatric illness were featured in the local press and the main employers were sent a booklet with a request that it be circulated as widely as possible. More detailed literature was sent to secondary schools for senior pupils. Later in the year mental health films were shown to the Fabrex Parent Staff Association. A number of mental health films were also shown to the staff during the year.

During the summer posters advocating fresh air, exercise, avoidance of sunburn and learning to swim were displayed in the clinics.

In September a dental health campaign was launched in infant schools using a single concept loop projector and a model jaw. Teachers were provided with a model lecture to present beforehand. Free leaflets provided by the British Dental Association were distributed. The main emphasis was on correct brushing of teeth and the dangers from sticky foods. Full use was made of the Ministry of Health posters on the subject.

A survey was made among employers of the demand for pre-retirement advisory courses for men and women within ten years of retirement, with a view to a day release or evening course being established. The replies indicated that more support would be given to evening classes and these findings were passed on to the Wigan and District Mining and Technical College, who hope to arrange a course in 1967. In November the Workers Educational Association, in conjunction with the Department, organised six lectures for persons within a year of retiring or recently retired. These were well supported and each week a synopsis of the advice given was reported to a far wider public through the columns of the local press.

With a view to finding an effective way to prevent young people from starting to smoke as well as spreading the facts about the dangers of smoking, a special programmed article which demands the readers' participation was tried out in several schools, one version for 9 to 12 age groups and another 12 to 16 year old children. The results were encouraging and it was proposed to make the articles available to other schools in the new year.

The late Autumn saw a Safety of Drugs Campaign. The Local Pharmaceutical Committee approved a suggested leaflet and 14,000 copies were distributed by pharmacists, enough for an average week's prescriptions. Eye-catching posters for the clinics were obtained from the Pharmaceutical Society and the Royal Society for the Prevention of Accidents. Doctors' surgeries were provided with posters on a similar theme.

December's campaign was very modest but seasonal. Local toyshops were presented with a small sticker produced by ROSPA listing safety factors of toys. "Buy for Safety this Christmas" posters were sent to public offices and displayed in the clinics too.

A food hygiene course was again held at the Wigan and District Mining and Technical College the Medical Officer of Health and the Chief Public Health Inspector participating. These courses are unfortunately only supported by the large firms.

Cervical Cytology

During the year a scheme for cervical cytology was launched. Initially, priority was given to mothers in Social Classes IV and V aged between 30 and 45. The first clinic session was held on 14th June. Initially the service was limited because of lack of sufficient laboratory facilities. However, by the end of the year the position had improved considerably and plans were being made for considerable expansion early in 1967.

Convalescence

During the year 1966 no arrangements were made for short-term care under section 28 of the National Health Service Act, 1946.

Venereal Disease

The treatment of Venereal Diseases is the responsibility of the Hospital service, and in Wigan the Clinic is under the direction of Dr. Philip S. Silver, M.R.C.S., L.R.C.P.

The number of new patients in Wigan was 52, a decrease of 11 compared with the previous year. Attendances at the Wigan Clinic fell from 1,255 (816 male, 439 female) in 1965 to 952 (646 male, 306 female) in 1966.

NO. OF WIGAN CASES DEALT WITH FOR THE FIRST TIME AT THE V.D. TREATMENT CENTRES

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Syphilis	8	7	3	5	3	10	2	2	1	3
Gonorrhoea	6	14	8	12	21	17	15	8	14	9
Other										
Conditions	31	43	32	54	49	59	56	44	48	40
	—	—	—	—	—	—	—	—	—	—
TOTAL	45	64	43	71	73	86	73	54	63	52
	—	—	—	—	—	—	—	—	—	—

The Health Committee have continued their arrangements whereby the V.D. Orderly of the Royal Albert Edward Infirmary undertakes the duties of Almoner.

Efforts are made to persuade persons who are a source of infection to attend for treatment at the Centre. Contact is made with patients who fail to attend for treatment with a view to stressing the importance of continued attendance at the Clinic. The work done by the Almoner has been found to produce satisfactory results.

The following is an extract from the Almoner's report for the year 1966 :—

“As a result of information obtained from the patients, the following contacts have been persuaded to attend :—

[illegible]

Of the five Gonorrhoea contacts four were diagnosed positive G.C. and one as non-venereal.

The following action was taken in an attempt to persuade patients to keep up their attendances for treatment and blood tests, etc :—

23 letters went to patients failing to attend.

20 reported for treatment.

2 personal visits made to the home addresses of patients who failed to attend after receiving several letters requesting them to attend.

The number of personal visits needed has decreased because of a decrease in the number of Syphilis patients who require long term treatment. There was only one child of a Wigan woman who attended for treatment of Syphilis. This child was examined, blood tested and diagnosed as free from venereal disease. 22 unmarried expectant mothers attended for blood test and examination. Some needed a little treatment, but all were found free from venereal disease."

Tuberculosis

Statistical information regarding the prevalence of and mortality from tuberculosis will be found in that section of the Report dealing with infectious diseases.

The Tuberculosis Visitor is a full-time member of the Local Authority Health Visiting Staff, her work being divided between attendance with the Chest Physician at the Dispensary and visiting patients in their homes.

During the year, 1,910 home visits were paid by the tuberculosis health visitor.

The number of new contacts examined during the past three years was as follows :—

1964			1965			1966			
Adults	Children	Total	Adults	Children	Total	Adults	Children	Total	
119	225	344	131	180	311	102	131	233	
Contacts of positive cases under supervision, 31st December, 1966								209
Contacts under supervision after B.C.G. inoculation						502

The average number of contacts per case of pulmonary T.B. is as follows :—

		1964	1965	1966
Tuberculosis Notifications :	Pulmonary	27	21	22
	Other forms	6	2	5
No. of contacts per case (pulmonary only)		12.7	14.8	10.6

All cases of death from respiratory tuberculosis which remained unnotified during life are the subject of special contact investigations.

The responsibility of the Council for providing care and after-care services at present is being discharged through a voluntary Care Committee. The aims of this Committee may be stated as follows :—

1. To provide extra nourishments, nursing utensils, wheelchairs, etc.
2. To help in providing extra clothing needed by the patients, especially when they go into sanatorium and on their return home.
3. To visit and give friendly advice.
4. To assist in educating public opinion in matters of health in regard to Tuberculosis.
5. To give assistance in providing tools in cases where tuberculous persons entering into employment are not so assisted by the Ministry of Labour.

The Chest Physician acts as Honorary Medical Officer to this Committee.

Rehabilitation

Very few known sputum positive cases are actually employed in permanent positions, and constant supervision by the Tuberculosis Health Visitor ensures that these few do not become a danger to other susceptible groups.

Persons who are fit for light work are referred to the Disablement Re-settlement Officer with suitable recommendation.

Other Illnesses

Close liaison between the health visitor and the social welfare officers engaged on work amongst the physically handicapped under the Council's scheme ensures that advice and help are readily available to those in need once their condition becomes known to the department.

Meals on Wheels Service

A Scheme (within the Council's proposals under Section 28 of the National Health Service Act, 1946) for the delivery of a mid-day meal to individuals unable, because of illness or physical disability to provide their own, has been in operation since May, 1951.

The meals are prepared at the Welfare Home, Frog Lane.

The food is served in individual covered containers. The charge per meal is 1s. 5d. but in necessitous cases it is reduced to 1s. 1d.

A total of 20,781 meals was provided during the year. Except for public holidays meals are delivered on Mondays to Fridays each week. A maximum of three meals per week is provided in each case and the service is greatly appreciated.

The number of meals supplied was 3,510 over the 1965 total. One of the biggest problems of a Meals on Wheels Service is to ensure that meals are served hot and there is no doubt that the introduction of "Hot Lock" containers which are heated by charcoal briquettes has resulted in an improved standard of service.

Members of the W.R.V.S. assist in the delivery of the meals and I am extremely grateful to them for the assistance which they give in helping us to provide this service in the Borough.

Nursing Equipment

Items of nursing equipment are available on loan from the Health Department at a nominal charge. The service is used extensively and 298 items were loaned during the year. Details are given below :—

Air rings	46	Enuresis alarms	3
Back rests	53	Rubber sheets	42
Bed cradles	5	Tripod crutches	2
Bed pans	72	Urinals	34
Commodes	10	Wheelchairs	22
Crutches	2	Zimmer lifts	5
Beds with lifting poles	2		

Bedding Loan Service

A service to loan certain articles of bedding for the use of bedfast incontinent persons is available.

The patient is supplied with clean bedding,—sheets, drawsheets, pillowcases, pyjama jackets—as required.

The soiled articles are collected for laundering and replaced by clean bedding at regular intervals.

A charge of 6d. per week is made for the service.

No. of cases on 1st January, 1966	5
No. of new cases during the year	10
No. of cases ceased	10
No. of cases on 31st December, 1966	5

Incontinence Pads (see also page 41)

Supplies of pads under Section 28 are available through the Health Department and can be purchased for patients at a special price. No difficulties have as yet been experienced in the disposal of soiled pads as it has usually been possible to burn them at patient's homes. If this proved impracticable for any reason an alternative method of disposal has been arranged with the help and co-operation of the Director of Cleansing.

Chiropody Service

A full-time chiropodist was employed at the Nurses' Home, 9 New Market Street, Wigan and a second chiropodist was employed on a sessional basis at the Central, Billinge Road and Marsh Green Clinics. The service was provided for the elderly, the physically handicapped, and expectant mothers and a limited number of housebound patients were treated in their own homes. A charge of 2s. 6d. per treatment was made for the service but this was waived for persons receiving Ministry of Social Security Supplementary Benefit.

During the year 882 patients made a total of 4,001 attendances for treatment at the Nurses' Home and Clinics. In addition the chiropodist gave 252 domiciliary treatments.

DOMESTIC HELP SERVICE

An increase was again shown in the number of persons in receipt of domestic help in 1966. During this period help was provided for 1,146 cases compared with 1,078 cases who received help in 1965. Help was supplied in 1966 to 29 maternity, 3 mentally disordered, 98 chronic sick and T.B. (under 65 years of age), 996 aged and 20 other cases. A total of 66 full-time equivalent Home Helps was employed.

Many people are under the mistaken impression that the Domestic Help Service is a domestic service agency that anyone can call upon to assist them in their homes and of 359 applications for help only 290 were found to be eligible, on medical grounds, for help. The Home Help Organiser and Assistants made 2,184 follow-up visits to confirm that cases in receipt of help were still entitled to the service, to see if the patients' circumstances had changed and also to check that the Home Helps were both working their correct hours and carrying out their duties efficiently. In 1966 there was a greater turnover of staff and the recruitment of suitable women to work as Home Helps proved difficult. Despite staffing problems, however, the Home Help Service still maintained its high standard and as few cases as possible were missed each week.

Charges for Service

The standard charge operating at the end of the year was 5/-d. per hour but as in previous years very few were called upon to pay the full cost.

MENTAL HEALTH SERVICES

The year again showed an increase of work in all aspects of the Mental Health Service.

The Mental Welfare Officer's role is all embracing covering individual case work directed towards helping people to solve a wide range of personal and emotional problems and emphasis is being increasingly placed on the prevention of mental ill health. Much of the work is also carried out in close liaison with the Consultant Psychiatrists, the hospital, G.P.'s and other social workers.

The Service was under-staffed for the first half of the year but in July the Mental Welfare Officer who had been attending the two year course leading to the National Certificate in Social Work returned to the Department having successfully completed the course. It is felt, however, that community care on a full scale basis requires more than the present number of Mental Welfare Officers.

Administration

The establishment provides for one Senior Mental Welfare Officer, three Mental Welfare Officers and a Mental Welfare Assistant.

Five doctors are approved by this Authority under Section 28(2) of the Mental Health Act, 1959 for the purpose of making recommendations in respect of mentally disordered patients. These are the Medical Officer of Health, Dr. R. McLean Bain, Dr. H. Coates, Dr. T. L. O'Donnell and Dr. E. H. Calverley.

The appointment of a second Consultant Psychiatrist Dr. B. A. Lowe to the Wigan and Leigh Hospital has been welcomed by the Department and has led to increased facilities for consultation and additional psychiatric clinic provision being available.

Mental Subnormality

At the end of the year 129 patients were under Community Care with regular visiting from the Mental Welfare Officers who dealt with a wide variety of problems affecting both patients and their families. Temporary care was provided in all cases where it was requested and permanent care obtained for all except one severely subnormal child classified as 'urgent' and one as 'non-urgent'. The closest liaison was maintained with the staff at Brockhall Hospital who have been of considerable help to the Department both with patients requiring admission and in cases requiring assessment and consultation.

Four patients were discharged during the year, including one on trial leave to the hostel, one of these was placed and has remained in outside employment, one remains at home and two attend the Adult Training Centre. Six subnormal adults are in residence in the hostel, five of whom attend the Adult Training Centre and one who is working in open industry. The provision of the hostel marks one of the most successful developments in the Mental Health field in the Borough.

During the year the Special Care Unit was transferred from Scarisbrick Street to Hope School and day care is now provided for five full days per week and has made it possible to admit the severely retarded physically handicapped persons formerly on the waiting list.

Early notification of the pre-school subnormal child continues and the Department works in close liason with Dr. R. M. Forrester, Consultant Paediatrician, in this and many other respects.

Mental Illness

Mental Welfare Officers maintain a 24 hour "on call" service for all emergencies. The year has shown an overall increase in work and in the number of patients notified as mentally ill.

In all cases where necessary a Mental Welfare Officer accompanied patients to clinics for consultation and it is felt that many admissions to hospital are avoided by this measure. In spite of the fact that an increased number of patients were referred in this way there was nevertheless a marked increase in the number of compulsory admissions. No single factor can be pin-pointed as the reason for this trend but it would appear that shortage of staff over part of the year and premature discharge from hospital in certain cases accounted for a proportion of the increase.

As far as possible intensive after-care has been continued with at least once weekly visiting of certain selected patients with a high relapse rate. Close co-operation with Dr. H. Coates and Dr. B. A. Lowe and other members of hospital staffs has been of great help and regular meetings are held at which discussion of patients' problems take place. The Mental Welfare Officers pay regular visits to the hospital wards affording a valuable method of keeping in touch with patients and making the link between patient, hospital and local authority mental health staff much more effective. All patients are visited regularly on discharge until such time as the visits are no longer necessary.

The number of referrals by G.P.'s of patients requiring the specific kind of help designed to avoid breakdown and admission has increased. This trend is one which it is intended to encourage but the work is time consuming and could be carried out more effectively if more trained staff were available.

The most pressing problem and one which is ever increasing is that of the aged mentally ill. The day Centre at Marsh Green serves a most useful purpose for the day care of between six and ten such patients and local authority hostels cater for many requiring residential care. However, the numbers continue to rise, and those in need of hospital care often remain a problem to the Mental Health Service and other local authority services until their admission is finally secured, often after a wait of several weeks or months.

Valuable co-operation has been achieved throughout the year with Health Visitors, Social Welfare Officers, Children's Department, the Family Case Worker, Housing Department and certain voluntary agencies, particularly the W.R.V.S., who have supplied clothing and furniture in many cases. Help has also been afforded by the Soroptomist Club of Wigan and certain individuals.

The extent of sympathy and help towards the mentally disordered in the Borough was perhaps most fully demonstrated at the Christmas Fair held at the Adult Training Centre on the 26th November. This raised over £300 and the profit was solely due to the generosity of many local shops, factories and concerns who gave goods most generously and to the helpers who gave of their time and effort.

Account of Work Undertaken in the Community

MENTAL ILLNESS :

Patients notified as mentally ill	....	....	....	....	....	....	319
Dealt with as follows :							
Section 25, Mental Health Act, 1959	....	....	....	....	....	....	54
Section 26, Mental Health Act, 1959	....	....	....	....	....	....	13
Section 29, Mental Health Act, 1959	....	....	....	....	....	....	18
Section 60, Mental Health Act, 1959	....	....	....	....	....	....	—
Detained during H.M. pleasure	....	....	....	....	....	....	—
Informal admissions, Mental Health Act, 1959	....	....	....	....	....	....	157
Care and supervision in the Community	....	....	....	....	....	....	47
No action	....	....	....	....	....	....	30
Total number of visits to patients requiring care and supervision	....	....	....	....	....	....	180
Total number of visits to patients requiring after-care	....	....	....	....	....	....	1,246
Total number of patients requiring after-care	....	....	....	....	....	....	243

MENTAL SUBNORMALITY :

Number of patients under Community Care at 31-12-66....	....	....	129
Number of patients at Adult Training Centre ....	....	....	58
Number of patients at Junior Training Centre ....	....	....	23
Number of patients at Special Care Unit ....	....	....	15
Number of admissions to hospital during the year :			
Temporary care ....	....	....	13
Informal admissions ....	....	....	5
Section 25, Mental Health Act, 1959 ....	....	....	5
Section 26, Mental Health Act, 1959 ....	....	....	1
Section 29, Mental Health Act, 1959 ....	....	....	—
Section 60, Mental Health Act, 1959 ....	....	....	—
Number of patients discharged from hospital during the year ....	....	....	4
Number of patients awaiting admissions to hospital at 31-12-66	....	....	2

COMMUNITY CARE AND OTHER WORK OF MENTAL WELFARE OFFICERS:

Total number of domiciliary visits during the year	....	....	....	4,072
Total number of visits to Junior Training Centre	....	....	....	78
Total number of visits to Adult Training Centre	....	....	....	107
Total number of visits to Special Care Unit	....	....	....	64
Total number of visits to Day Care Unit	....	....	....	62
Total number of visits to Hostel	....	....	....	46
Attendances at Billinge Hospital Case Conferences	....	....	....	148
Visits to patients in hospital	....	....	....	197
Visits relating to the welfare of patients in hospital	....	....	....	145
Attendances at Psychiatric Clinic	....	....	....	45
Special reports for hospitals regarding sub-normal patients	....	....	....	26
Social Histories for hospitals and at Psychiatric Clinics	....	....	....	232
Patients accompanied to Psychiatric Clinics	....	....	....	216

TRAINING OF THE MENTALLY HANDICAPPED

TRAINING CENTRE, HOPE SCHOOL

This Training Centre, which was one of the first purpose-built junior training centres to be erected after the passing of the National Health Service Act, 1946, opened in 1954. The staff consists of a Supervisor, and five Assistant Supervisors. A full-time guide help and one part-time guide help are employed to assist with the care of the trainees both at the Centre and whilst travelling between the Centre and home.

Although originally planned as a centre for trainees under 16 years of age, in recent years many of those attending remained after their 16th birthday as no other training facilities were available. When Fabrex opened, in 1965, the majority of the older trainees transferred from Hope School to the new centre and the special Care Unit was transferred to Hope School early in 1966. There are 35 Junior Training Centre places and 12 places in the Special Care section of the Centre.

At the end of the year there were 39 trainees attending Hope School. All are Wigan residents and are conveyed to the centre by ambulance. A mid-day meal is provided and all children under the age of 16 years receive a $\frac{1}{3}$ pint of pasteurised milk each day.

All trainees are examined on entry by a medical officer who also attends the Centre periodically for routine medical inspection. In appropriate cases the re-assessment of mental ability is carried out. A school nurse visits the Centre twice weekly to attend to minor ailments.

The aim is to help the trainees to live full, happy lives as far as they are able, stressing self-help, occupation and communication. Individual training is required to help encourage concentration, memory training and observation. Within the groups sense training apparatus is available to enable them to experiment with various shapes and materials. Purposeful play is the theme in the Nursery class, learning the skills and aptitudes which most children acquire without effort but which do not come easily to retarded children.

In the senior class instruction is given to the 15-year olds in the type of work likely to be undertaken at Fabrex. Particular attention is paid to personal hygiene, use of money, learning to tell the time, social training, general knowledge and conversation.

Training of Students

During the year, one student from the National Association for Mental Health Training Course for Supervisors in Manchester did practical training in the Centre. In addition two students from Teacher Training Colleges visited the centre.

The following is an extract from the attendance register :—

	Hope School	Special Care Unit
No. of children on the register at 1st Jan., 1966	28	—
No. of admissions during the year	4	16
No. of children ceased to attend	9	—
No. of children remaining on the register at 31st December, 1966	23	16
Average daily attendance during the year....	21	9

SPECIAL CARE UNIT

There are some children and adults who are either too young or too severely retarded to benefit from training at a Junior or Senior training centre. In an effort to give some relief to the parents a Special Care Unit was opened at Scarisbrick Street Baptist Church in 1958 and the Unit was transferred to Hope School on the 1st January, 1966. The unit caters for children and adults who attend from Monday to Friday each week from 10 a.m. to 3-30 p.m. and are conveyed to and from the Centre by ambulance, the assistant supervisors acting as escorts. The average attendance during the year was nine.

Since the transfer to Hope School there has been an amazing improvement in those attending the unit. For many years the premises in Scarisbrick Street fulfilled a useful purpose. However the increased facilities at Hope School have enabled more sophisticated equipment to be installed. A mid-day meal is also provided at the centre. Instead of simple care, some training is now being given at the centre and considerable progress can be recorded.

SENIOR TRAINING CENTRE

The end of the year saw the completion of the first year's work at Fabrex, the purpose built adult training centre in Hunter Road, Marsh Green, Wigan, following the transfer of the male trainees from the old centre at Marylebone and the female trainees from Hope School.

The aim at Fabrex is to simulate as nearly as possible conditions in open employment and trainees attend from 9 a.m. to 4-30 p.m. from Monday to Friday and take only three weeks holiday each year in addition to public holidays. Small payments are made to the trainees who receive the money each week in wage packets. The National Coal Board and a number of local firms have co-operated in providing a wide range of work for the trainees.

Social training forms an integral part of the educational programme and medical inspection, physiotherapy, physical training and organised games are included. Social evenings for trainees were held on Tuesday evenings from 7 to 9-30 p.m. and an average of twenty-five trainees attended. Members of the staff attended on a rota basis. During October swimming lessons commenced at the Wigan Corporation Baths and four trainees attended accompanied by an instructor. One of the trainees, who is also a spastic, is progressing very well and thanks are due to the Baths Superintendent and his staff for their co-operation. In the Centre a shop was open twice a day at break times for the sale of sweets and mineral waters. A trainee took charge of the shop which was helpful in teaching money values. Wherever possible the trainees living within the Borough were encouraged to make their own way to the Centre by public transport. The remaining trainees were conveyed to the Centre by ambulance or minibus.

Interesting events during the year were the Official Opening on the 2nd March by the Chairman of the Health Committee, Alderman J. T. Lynch, J.P., the formation on the 21st June of the Parent-Staff Association, the Open Day on the 26th August when the Centre was open to members of the public, the very successful Christmas Fair which was held by the Parent-Staff Association on the 26th November, and the Christmas Party.

In November a student who was taking a course for adult centre staff at Harris College, Preston, attended the Centre for practical experience.

The staff at Fabrex comprises a Manager, two Senior Instructors and four Instructors. Meals were provided by the School Meals Service and, during school holidays, by the Welfare Services. At the end of the year arrangements were being made for the engagement of a cook and kitchen staff with a view to bringing into operation the fully equipped kitchen for the provision of meals both at Fabrex and Hope School.

Borough and County trainees attend the Centre and details of attendances during 1966 are given below :—

	Borough	County	Total
Number of trainees on register on 1st January, 1966	51	9	60
Number of admissions during 1966	20	1	21
Number of trainees ceasing to attend	14	1	15
Number of trainees on register at 31st December, 1966	57	9	66
Average attendance during year	50	8	58

SCOT HOUSE

No community care services are complete without the provision of residential accommodation. In the past it has been discouraging to see a child, who had responded well to training, admitted to hospital care because of the inadequacy of the home environment. Scot House can accomodate six young adults, all in single bedrooms.

At the beginning of the year there were four residents one of whom, unfortunately, had to return to hospital. At the end of the year there were six residents of whom one was regularly employed in open industry and two were employed in open industry for a short time before returning to Fabrex to work with the other three residents.

A resident Warden is in charge of Scot House assisted by her husband. A relief Warden attends when the Warden is off duty. The aim is to provide a real home for the residents and indications point to considerable success in this direction.

DAY CARE UNIT

This unit at Marsh Green Clinic opened in September, 1965. Aged pyschiatric patients and a proportion of mentally stable aged persons attend the unit which is open from 9-30 a.m. to 4 p.m. from Monday to Friday. Those attending are conveyed to and from the Clinic by the Ambulance Service or by private car, a voluntary service which has been promoted by several ladies on a rota basis under the auspices of the Wigan Branch of the British Red Cross Association. The department is grateful indeed for this help. Mid-day meals are supplied through the Meals on Wheels Service and in addition a drink, prepared on the premises, is provided in the morning and afternoon. Simple occupational therapy and recreational pursuits are organised by the two attendants. There is a daily charge of 2s. 6d. for each person. An average of six persons attended during the year and, though there is room for considerable development, indications are that the venture is serving a very useful purpose.

CO-ORDINATION OF HEALTH SERVICES

Co-ordination and Co-operation with other parts of the National Health Service

The Chairman of the Health Committee is a member of the Wigan and Leigh Hospital Management Committee. He is also Chairman of the Executive Council for the County Borough of Wigan.

The Medical Officer of Health, whilst not a member of the Hospital Management Committee, serves on the Medical Advisory Committee which is represented on the Management Committee. There is no representative of the local authority at officer level on the Executive Council but the Medical Officer of Health is a member of the Local Medical Committee which reviews the medical administrative aspects of general practitioner services and advises the Executive Council.

In addition to the above, the Medical Officer of Health is a member of a liaison committee whose members include Medical Officers of Health of Counties and County Boroughs in and adjoining the Manchester Regional Hospital Board area, and the Principal Regional Medical Officer of the Regional Hospital Board. The Ministry of Health are also represented.

Locally a liaison committee has been established consisting of representatives of the Wigan and Leigh Hospital Services, both medical and administrative, the local authority services in the persons of the Medical Officer of Health, Wigan, and the Divisional Medical Officers of Divisions 8 and 11 of the Lancashire County Council Health Services, along with representatives, both medical and administrative, from the general practitioner services. The objects of the Committee are "To deal with any matter under the National Health Service Acts where co-operation between the various interests concerned can lead to smoother working and greater efficiency."

During the year the Committee considered the following matters:— Ambulance Survey ; Public Health (Leprosy) Regulations ; Speech Therapy Students ; Private Maternity Beds ; General Practitioner Maternity Beds ; Photographic Equipment ; Re-allocation of beds at Billinge Hospital ; Social bookings at Billinge Hospital ; Cytological Diagnosis ; Staffing of Local Authority Clinics.

In March 1963, the Ministry of Health issued a circular 3/63 regarding arrangements for after-care of patients discharged from hospital. It was suggested that local authorities should designate an officer to be responsible for mobilising the community services for discharged patients. All requests for community care are made through this Department and difficulties are minimal because of the unified control over Health and Welfare Services.

In March, 1966 the Department of Education and Science and the Ministry of Health issued a joint circular recommending Local Authorities to take the lead in the co-ordination of Education, Health and Welfare Services for handicapped children and young people.

In Wigan co-ordination of the services for handicapped children and young people has never been a problem as the Medical Officer of Health is in charge of a combined Health and Welfare Department and is also responsible as Principal School Medical Officer for the School Health Service. Excellent relations have long been established with the Hospital Service and there is full interchange of information with the Paediatrician, Orthoptic Surgeon and E.N.T. Surgeon and the Departmental officers concerned with school and pre-school children. The closest co-operation is also maintained with general practitioners and staff attachments to group practices are encouraged.

In order to meet the particular points in the circular a joint Case Conference is held three or four times each year when all children of school age with multiple handicaps are reviewed. The conference is attended by the Consultant Paediatrician, School Medical Officers, the Senior Welfare Officer, Senior Mental Welfare Officer, School Welfare Officer and Youth Employment Officer. In addition the Children's Officer is invited if any child whose case may be discussed is in the care of the local authority or thought to be in need of the fringe services of the Children's Department. From time to time representatives of voluntary organisations who might help with a particular case are invited to attend.

Major Accident Organisation

In the event of a major catastrophe it is essential that all those officers and services who will inevitably be involved shall be aware of the resources, commitments and liabilities of each other and that pre-arranged conventions governing the alerting of the services shall be widely known. To achieve this the co-operation of ambulance, fire, hospital, police and welfare services, both statutory and voluntary, in the County Borough and the surrounding area have been obtained. The Department has published in booklet form, comprehensive schemes drawn up and co-ordinated by officers of the various authorities involved. These schemes are reviewed annually and amendments made in the light of experience.

Section IV

**Prevalence of
and
Control over
Infectious Disease**

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Cases of measles were notified in every month during the year. The total number of notifications was 246 compared with 469 in 1965.

There were 23 notified cases of pulmonary tuberculosis, compared with 21 cases notified in 1965.

7 cases of whooping cough were notified, compared with 3 the previous year. No case of paralytic poliomyelitis was notified and for the eighteenth successive year there was no confirmed case of diphtheria.

NOTIFICATIONS

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1966

NOTIFIABLE DISEASE	At all Ages	CASES NOTIFIED								
		AGE GROUPS								
		under 1	1 and under 3	3 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and over
Acute Encephalitis, Infective	1	—	1	—	—	—	—	—	—	—
Acute Poliomyelitis : Paralytic	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Diphtheria and Memb. Croup	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever... ..	2	—	—	—	—	—	1	—	1	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—
Measles	246	19	80	92	51	4	—	—	—	—
Meningococcal Infection	1	—	1	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	—	1	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	—	1	—	—	—
Scarlet Fever	20	—	1	8	10	1	—	—	—	—
Tuberculosis : Pulmonary	22	—	—	—	—	—	6	6	7	3
Other Forms	5	—	—	—	—	—	—	1	—	4
Whooping Cough	7	3	1	3	—	—	—	—	—	—
TOTALS	306	22	85	103	61	5	8	7	8	7

Analysis of Notifications by Months, 1966

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Acute Encephalitis : Infective	—	—	—	—	—	—	—	—	—	—	—	1	1
Acute Poliomyelitis : Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Memb. Croup	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	2	2
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	31	21	64	33	29	20	8	2	1	7	10	20	246
Meningococcal Infection	1	—	—	—	—	—	—	—	—	—	—	—	1
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	—	—	—	—	—	—	—	—	—	—	—	1
Puerperal Pyrexia	1	—	—	—	—	—	—	—	—	—	—	—	1
Scarlet Fever	3	1	1	3	3	—	—	1	2	1	3	2	20
Tuberculosis : Pulmonary	1	3	4	—	4	3	2	1	2	2	—	—	22
Other forms	1	—	—	—	1	—	—	1	—	1	1	—	5
Whooping Cough	—	—	2	—	—	—	2	2	—	—	—	1	7
TOTALS	39	25	71	36	37	23	12	7	5	11	14	26	306

Comparative Notifications for the Past Ten Years

DISEASE	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Acute Encephalitis : Infective	—	1	—	1	—	—	1	—	—	1
Acute Poliomyelitis : Paralytic	5	1	3	—	2	—	—	—	—	—
Non-Paralytic	1	1	—	—	—	—	—	—	—	—
Diphtheria and Memb. Croup	—	—	—	—	—	—	—	—	—	—
Dysentery	63	9	12	8	10	6	8	5	7	—
Enteric or Typhoid Fever	1	—	—	—	1	—	1	—	—	2
Erysipelas	—	3	1	2	1	—	—	2	1	—
Food Poisoning	8	6	4	—	2	4	16	3	2	—
Malaria (contracted abroad)	—	—	—	1	—	—	—	—	—	—
Measles	721	582	488	41	1608	39	700	652	469	246
Meningococcal Infection	—	1	2	1	3	5	3	2	—	1
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—
Pneumonia	14	13	48	2	4	—	—	2	5	1
Puerperal Pyrexia	4	—	—	—	—	1	—	—	—	1
Scarlet Fever	25	20	25	47	25	6	8	34	17	20
Tuberculosis : Pulmonary	61	36	56	50	34	25	38	27	21	22
Other Forms	2	9	9	3	2	2	3	6	2	5
Whooping Cough	38	10	63	20	—	1	82	9	3	7
TOTALS	943	692	711	176	1692	89	860	742	527	306

Tuberculosis

Notifications, 1966

Formal Notifications

	Number of Primary Notifications of new cases of Tuberculosis														Total (all ages)
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—		
Respiratory—Males	—	—	—	—	—	1	3	1	2	3	4	1	1	16	
Respiratory—Females	—	—	—	—	—	1	1	1	2	—	—	1	—	6	
Non-Respiratory—Males	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Non-Respiratory—Females	—	—	—	—	—	—	—	1	—	—	—	1	2	4	

Cases Coming to the Notice of the Medical Officer of Health

Otherwise than by Formal Notification

[illegible]

New Cases and Mortality During 1966

AGE PERIODS :	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—
5—	—	—	—	—	—	—	—	—
15—	4	2	—	—	—	—	—	—
25—	3	3	—	1	—	—	—	—
45—	7	—	—	—	3	—	—	—
65—	1	1	—	1	2	—	—	—
75—	1	—	1	2	1	—	—	—
TOTALS	16	6	1	4	6	—	—	—

The number of deaths from Pulmonary Tuberculosis was 6 compared with 4 in 1965 and 3 in 1964. No death from other tubercular infections occurred during the year.

Comparative Statistics, 1961 to 1966

Cases Notified

	1962	1963	1964	1965	1966
Pulmonary	25	38	27	21	22
Other forms of tuberculosis	2	3	6	2	5
TOTALS	27	41	33	23	27

Deaths

	1962	1963	1964	1965	1966
Pulmonary	5	3	3	4	6
Other forms of tuberculosis	—	—	1	—	—
TOTALS	5	3	4	4	6

Death Rates

	1962	1963	1964	1965	1966
Pulmonary	0.06	0.04	0.04	0.05	0.08
Other forms of tuberculosis	0.00	0.00	0.01	0.00	0.00
TOTALS	0.06	0.04	0.05	0.05	0.08

DISINFECTION

Arrangements have been made to use the old disinfector at the Welfare Home, Frog Lane, for the disinfection of bedding, etc. which has been associated with cases of certain infectious diseases.

Distribution of Disinfectants

Disinfestants and disinfectants of proved potency are provided free to the occupiers of houses where infestation or infectious disease has occurred, and in cases where there are exceptional circumstances. Other persons who desire supplies are charged a small amount to meet the cost of the disinfectant.

Information on the correct use of these agents is given by the public health inspectors.

Section V

National Assistance Act, 1948

Part III

Welfare Services

ADMINISTRATION

The Authority's Welfare Services, under the National Assistance Act, 1948, continued to be controlled by the Health and Social Services Committee.

The total number of staff employed on Welfare Services at 31st December, 1966, was 100, made up as follows :—

Administrative and Clerical (including persons in charge of Homes)	16
Home Staffs (other than persons in charge)	74
Flats for the Aged Part-Time Wardens	4
Staff employed at Social and Handicraft Centres (including Occupational Therapist)	4
Home Teachers for the Blind	2
	100

RESIDENTIAL ACCOMMODATION

The following table shows the numbers of aged persons provided with residential accommodation as at the 31st December, 1966.

No. of Beds	Springfield (61)		Douglas Bank (38)		Norley Hall (38)		Rockwood (19)		(Former P. A. Inst.) St. Stephen's House (40)	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Over 90	—	2	—	4	—	2	—	1	1	—
85—90	3	6	2	5	3	2	—	—	—	2
80—85	6	12	2	5	5	5	1	2	3	4
75—80	9	6	—	5	7	3	3	1	7	2
70—75	2	6	2	2	3	2	2	2	5	3
65—70	—	2	—	—	1	—	—	—	2	4
60—65	—	1	—	—	—	1	—	—	—	—
Mentally and Physically infirm	1	6	—	3	—	4	1	3	2	7
Average Ages	80.6		82.9		79.8		75.6		76.9	

Overall average age 79.1

As in most other areas there is a waiting list and it has been noticed that the provision of alternative forms of accommodation suitable for the aged has led to a large increase in the proportion of those in hostel accommodation being more infirm and less mobile than in earlier years thus placing an additional burden on the attendant staff.

Short-Term Care

This is an extremely valuable service for it enables families and individuals who are devotedly caring for their aged relatives and friends to have a brief respite, perhaps to proceed on holiday. During the year "Short term care" was provided for 36 old persons.

During 1966 the number of admissions to Part III accommodation was as follows :—

	M.	F.
(1) From own homes, lodging houses, etc., (including short stay)	43	59
(2) From hospitals	33	23
The numbers discharged from Part III accommodation were as follows :—		
(1) No. dying in Homes	5	13
(2) No. transferred to Hospital....	48	37
(3) No. discharged elsewhere	6	9
(4) No. leaving after "short-stay"	11	25

Hostel for Men

In addition to the above, 18 men were accommodated in the former Institution. These men require less attention and their need for care arises principally from their lack of supervised accommodation and elementary comforts.

Admission Arrangements

Cases for admission are brought to the notice of the department by personal application, by relatives, by general practitioners, members of the Council, Public Health Inspectors, Health Visitors, and so on. There is always a considerable number of persons awaiting admission, and it will be obvious that to admit applicants on a "first come—first served" basis would be impracticable. Some cases are of a more urgent nature and the date of application is therefore ignored in assessing priority. All cases are visited frequently and as a vacancy arises it is allocated to an aged person in most urgent need of care.

Where hospital patients are fit for discharge but unable to return home for any reason they are interviewed by a welfare officer and their names are entered on the waiting list. In this sphere, close liaison is maintained with the Consultant Geriatrician and the Almoners.

Charges for Accommodation

The Standard Charge for the year was :—

St. Stephen's House, Douglas Bank House, Norley Hall, Rockwood and Springfield £7 11s. 4d. per week.

CARE OF THE AGED

Domiciliary Visiting

Aged Persons living alone in Wigan :—

WARD	Men	Women	WARD	Men	Women
St. George	12	59	Swinley	48	283
Lindsay	37	154	All Saints	14	72
St. Catharine	32	150	Pemberton West	22	104
St. Patrick	41	168	Pemberton North	61	281
St. Thomas	41	186	Pemberton Central	72	311
St. Andrew	83	491	Pemberton South	26	138

A register of these people is kept in the Department and the information includes particulars of relatives and friends with the frequency of visitation, the family doctor, nature of any disability, an indication of services provided, together with a resume of the social conditions and financial circumstances. Welfare Officers made 3,924 visits to aged people living in their own homes. Advice and guidance has been welcomed, and a pre-paid postcard was left with each person so that, in the event of their requiring any assistance, advice or welfare services in any way, they had only to post the card and a Welfare Officer would visit to render any assistance that might be required. The elderly appear to be bewildered by the complexity of the social services, and simple matters become, to them, problems of considerable difficulty. It is considered that the solution of these problems by the Welfare Officers made a difference to the mental contentment of the old persons concerned.

Excellent relationships exist between officers of the Ministry of Social Security and those of the Department. There is an interchange of information regarding old people for whose benefit the services of either Authority are being provided.

Flatlets for the Aged

The Borough's services for the Aged were further boosted during the year. Following the occupation of the first two units of warden controlled flatlets last year, a further two units were opened making a total of 108 flatlets in two years. The Welfare Services Section has been closely involved with the provision of community amenities, the appointment of wardens and the assessment of priorities for admission.

The innovation of transferring four aged persons from Part III accommodation to the flatlets has proved to have been a success. The four old ladies concerned are managing quite well with minimum supervision from the Wardens.

Handicraft Classes are held in the Communal Lounges on one afternoon each week and film shows are given periodically by the Wigan Cine Club. These are much appreciated by the tenants, and have been a means of their getting to know each other more easily.

The combination of independence and companionship works well in practice, and the presence of a Warden, who can offer assistance in case of illness or emergency, removes the fear which otherwise hangs over aged persons who live alone.

TEMPORARY ACCOMMODATION

At the 31st December, 1966, 3 families were accommodated in the flatlets at the Welfare Home.

The work of helping problem families is quite considerable and is time-consuming and arduous. Results are, at times, unrewarding but, on the other hand, some gratifying successes have been achieved where intensive work had been undertaken and where the family had improved to the extent that it had been able to take its proper place in the community.

So many people are concerned with problem families that to avoid duplication and divided responsibilities, an ad hoc committee composed of representatives of Health and Welfare, Housing, Children's, Education Welfare Departments, Moral Welfare Society, Ministry of Social Security, Probation Service, and N.S.P.C.C., meets bi-monthly to discuss and consider in detail the best ways and means of helping particular problem family cases.

OTHER SERVICES

Holidays at Rockwood, Colwyn Bay

Holidays at the Council's Aged Persons' Home at Colwyn Bay were provided for aged persons who were in need of care and attention for a limited period, whose relatives or friends were themselves desirous of taking a holiday but who for the remainder of the year were prepared to care for them in their own homes.

Section 47. Removal of Persons in Need of Care and Attention

It was not found necessary to take action under this Section during the year. Cases have arisen where Section 47 procedure might have been applied but has been avoided due to the satisfactory re-adjustment of the old persons' mode of life, habits, etc., made possible through the efforts of the officers of the Health and Welfare Department.

Section 48. Protection of Movable Property

No applications were received during the year requesting the Authority to provide protection of movable property.

Section 50. Burial of the Dead

Under this Section of the Act, Local Authorities must accept responsibility for the burial or cremation of the body of any person who has died or been found dead in their area, where it appears that no other person or organisation will do so. The decision of the Ministry of Health a few years ago, that the cost of burial of patients dying in hospital could be a proper charge on health service funds, has somewhat relieved the financial burden.

During the year, the service was provided in 3 cases.

WELFARE ARRANGEMENTS FOR HANDICAPPED PERSONS

Section 29.

Welfare of the Blind

The functions of the Authority are administered on an agency basis by the Wigan, Leigh and District Society for the Blind. Two Home Teachers are employed and seconded to the Society for duty. The Society provides sheltered employment and training for suitable blind persons, enabling them to engage in work in Workshops for the Blind.

The Home Teaching Service is operated by the Society and is available to all types of people who have become blind. Their needs vary considerably—financial assistance, education, training for employment, pastime occupations, handicrafts and cultural interests. In the course of their duties, the Home Teachers endeavour to establish a friendly contact between themselves and the blind persons, so as to inspire confidence and understanding in their association. Regular visiting in their homes is carried out and help given regarding housing, home-help service, etc. The Home Teachers also act as escorts to blind persons attending hospital.

The care of the Deaf Blind persons without speech is one of the most difficult problems confronting the Home Teacher. All Deaf Blind persons must have regular visits and means of communication (*e.g.*, The Manual Alphabet) must be taught and used.

The Society act as agents for the "British Wireless for the Blind" Fund and install and maintain all sets free of charge.

The Health Committee pay the rentals on 20 Talking Book Machines which have been loaned to blind persons, and are much appreciated.

Extra amenities, such as trips to the seaside, holiday grants, Christmas grants and all kinds of social activities are provided by the Society from the Voluntary Fund and it is only by the generosity of the many donors to the Fund that the Society is able to provide these services to the blind people of the area.

Classification of Registered Blind Persons by Age Groups

Age Group	Total Register 31-12-66			New Cases Registered during 1966 Age at Registration	
	M.	F.	Total	M.	F.
0	—	—	—	—	—
1	—	—	—	—	—
2	—	—	—	—	—
3	—	—	—	—	—
4	—	—	—	—	—
5—10	3	1	4	—	—
11—15	1	1	2	—	—
16—20	1	1	2	—	—
21—30	2	—	2	—	—
31—39	4	3	7	—	—
40—49	6	6	12	—	—
50—59	7	6	13	2	—
60—64	6	3	9	1	—
65—69	5	13	18	—	1
70—79	18	22	40	—	1
80 and over	12	24	36	1	3
	65	80	145	4	5

Ages at which Blindness Occurred

Age Group	Total Register			New Cases Registered during 1966		
	M.	F.	Total	M.	F.	Total
0	10	7	17	—	—	—
1	—	—	—	—	—	—
2	1	—	1	—	—	—
3	—	1	1	—	—	—
4	—	1	1	—	—	—
5—10	1	2	3	—	—	—
11—15	2	2	4	—	—	—
16—20	2	1	3	—	—	—
21—30	6	4	10	—	—	—
31—39	3	2	5	—	—	—
40—49	8	3	11	2	—	2
50—59	7	10	17	—	—	—
60—64	6	12	18	1	—	1
65—69	5	9	14	—	2	2
70—79	10	21	31	—	2	2
80 and over	4	5	9	1	1	2
	65	80	145	4	5	9

During the year ended 31st December, 1966, 9 names were added to the Register of Blind Persons and 13 names were removed. Details are shown on the following table :—

No. of registered blind persons at 31-12-65	....	....	149
No. registered 1st January to 31st December, 1966	....	8	
Transfers into Area	....	1	
Re-certified	....	—	9
			158
Deaths	....	11	
Removals out of Area	....	2	
De-certified	....	—	13
			145
No. on Register 31-12-66	....	....	145

The cause of blindness in the above new cases was as follows :—

	Males	Females
Pigmentary Degeneration of Choroid and Retina	1	—
Diabetic Retinopathy	—	1
Macular Degeneration and Cataract	1	—
Irido-Cyclitis and Cataract	—	1
Senile Macular Degeneration and Cataract	—	1
Glaucoma	1	2
Cataract	1	—

Follow-up of Registered Blind Persons

		Causes of Disability			
(1)	No. of cases registered as blind during the year in respect of which Sec. F. Para 1 of Forms B.D. 8 recommends :—	Cataract	Glaucoma	Retrolental Fibro-plasia	Others
(a)	No treatment	1	1	—	2
(b)	Treatment (medical, surgical or optical)	4	1	—	2
(2)	No. of cases at (1) (b) above, which on follow up action, have received treatment	3	1	—	2
(3)	No. of cases at (2)				
(a)	Vision improved	—	—	—	—
(b)	Sight restored	—	—	—	—
(c)	Treatment continuing at end of year	3	1	—	2

Follow-up of Registered Partially Sighted Persons

(1)	No. of cases registered as partially sighted during the year 1966, in respect of which Sec. F. Para. 1 of Forms B.D.8 recommends:—	Causes of Disability			
		Cataract	Glaucoma	Retrolental Fibro-plasia	Others
(a)	No treatment	—	—	—	1
(b)	Treatment (medical, surgical or optical)	5	—	—	2
(2)	No. of cases at (1) (b) above, which on follow-up action, have received treatment	3	—	—	1
(3)	No. of cases at (2) above, in which:—				
(a)	Vision improved	—	—	—	—
(b)	Sight restored	—	—	—	—
(c)	Treatment continuing at end of year	3	—	—	1

Register of Partially-Sighted Persons

Age Group	Registered at 31-12-66			Registered during 1966		
	M.	F.	Total	M.	F.	Total
1	—	—	—	—	—	—
2	—	—	—	—	—	—
3	—	—	—	—	—	—
4	—	—	—	—	—	—
5—10	2	1	3	1	—	1
11—15	2	—	2	—	—	—
16—20	2	—	2	—	—	—
21—30	2	2	4	1	—	1
31—39	1	—	1	—	—	—
40—49	1	—	1	—	—	—
50—59	3	2	5	—	—	—
60—60	2	1	3	—	1	1
65—69	3	1	4	—	—	—
70—79	5	11	16	—	6	6
80 and over	2	4	6	—	2	2
	25	22	47	2	9	11

Welfare of Blind Children

Three blind children, who have been ascertained under the Education Act (Handicapped Pupils and School Health Service Regulations) as being in need of special educational treatment, are being maintained by the Authority as follows:—

	M.	F.
The Royal Normal College, Rowton, Shrewsbury	—	1
St. Vincent's School for the Blind, West Derby, Liverpool	1	—
Sunshine Home, Southport	—	1

Workshop Employment

The types of employment and extent of provision available for Borough cases are as follows :—

Brush making	....	....	....	4
Basket making	....	....	....	2
Machine knitters	....	....	....	1
Chair seating	....	....	....	—
Piano tuning	....	....	....	1
Salesman	....	....	....	1
Cleaner	...	....	....	1

Home Workers

There is no Home Workers' Scheme in Wigan.

Placement in Open Industry

The following arrangements have been agreed for carrying out the placement of blind persons in open industry.

- (1) That each case within the area of the Wigan County Borough be dealt with as it arises.
- (2) That the operation of the placement service be dealt with jointly by the Medical Officer of Health through the Welfare Services Section, the Voluntary Society for the Blind through the Superintendent, and the Local Disablement Resettlement Officer.

Welfare of the Deaf

The functions of the Authority are, in accordance with the Approved Scheme, administered on an agency basis by the Wigan and District Deaf and Dumb Society, acting as agents for the County Borough of Wigan.

Deaf Register—Grouping

Children under 16 :		Male	Female
Attending Special School	....	7	3
Persons 16 and upwards :			
Employed	....	22	8
Unemployed but capable of, and available for, training for work	....	—	—
Incapable of, or not available for, work	....	7	14
		36	25
		61	

Register of the Deaf defined as in Ministry of Health Circular 25/61

MALE		Under 16 yrs.	16—64 yrs.	65 yrs. and over
Deaf without speech	....	7	15	7
Deaf with speech	....	—	6	1
FEMALE				
Deaf without speech	....	3	12	6
Deaf with speech	....	—	4	—

Welfare

During the year a considerable amount of time was spent in placing deaf persons in employment and assisting school leavers to find jobs, in co-operation with the Youth Employment Officer. The Society stresses the importance of placing deaf persons in employment where they will be happy and contented.

Visits to deaf people in their own homes brings the human element very much to the fore; personal problems and family difficulties all need careful understanding and prompt attention. Interpretation, on the occasions when it is of prime necessity that everything is understood by the deaf, is another important aspect of the work which cannot be too strongly stressed.

Accommodation

	Males	Females
Home for the Aged and Infirm Deaf, Blackpool	1	1

Social

Social life has followed very much the same pattern, with socials and events at the Institute for the members, bowls, football matches, hiking and camping being the outdoor pursuits.

Regular services were held in the Institute Chapel during the year.

Welfare of the Hard of Hearing

There are 291 known hard-of-hearing persons in the Wigan Borough area.

During the year, help was provided through the local Society for the Deaf in obtaining repairs of Medresco Hearing Aids. Advice and assistance have also been given in individual cases. There is a local Hard-of-Hearing Fellowship which has a membership of 30.

Handicapped Persons (General Classes)

CLASSIFICATION OF GENERALLY HANDICAPPED PERSONS

HANDICAP	Adults		Children		Total
	Male	Female	Male	Female	
Amputation	32	7	—	—	39
Arthritis and Rheumatism	14	17	—	—	31
Congenital Malformations	22	15	1	—	38
Diseases	66	27	—	—	93
Injuries	70	7	—	—	77
Organic Nervous Diseases	61	62	1	—	124
Other Nervous and Mental Deformities	21	16	—	—	37
T.B. (Respiratory)	9	5	—	—	14
T.B. (Non-Respiratory)....	3	—	—	—	3
Others disorders (not specified above)	7	7	—	—	14
	305	163	2	—	470

Handicapped Persons (Accommodation)

Six Handicapped Persons are in accommodation provided by other authorities as follows :—

	Males	Females
Maghull Homes for Epileptics	—	3
Cripples' Help Society, Tan-y-Bryn, Abergele	—	1
St. Elizabeth's Home for Epileptics, Much Hadam	—	1
Royal National Institute for the Blind	1	—

Adaptations

The Scheme authorises the Council to incur expenditure on alterations to the homes of handicapped persons so as to assist them to overcome the effects of their disability. Most of the applications arise as a result of the proposed issue of wheelchairs or invalid tricycles by the Ministry of Health, when there is a need for assistance towards the cost of making a pavement crossing or providing an access path to the storage shed. 7 handicapped people were helped in this way during the year.

Handicrafts

Handicraft classes are held at the Social Centres in Crompton Street and Tunstall Lane, and visits are made to homebound handicapped persons.

During the year 261 classes were held and 247 visits made to the homebound.

Handicapped persons are taking advantage of the facilities offered at the Centres and have been encouraged to attend the handicraft classes provided. The types of work undertaken by the men are rug-making, basketry, lampshades tapestry, leatherwork; the main occupations of the women being crochet work, embroidery, hand and machine knitting, woodwork, lampshades, dressmaking, millinery and raffia work.

There appears to be a very happy atmosphere in the Classes and many new friendships have been made.

Other Services

Holidays have been arranged for several blind and other severely disabled persons at the Aged Persons' Home at Colwyn Bay.

VOLUNTARY ORGANISATIONS

Considerable help has been given by the Rotary Club, W.R.V.S., Old People's Welfare Committees, Churches, Youth Organisations and Dramatic Societies in connection with the welfare of aged and handicapped persons. During the year the following amenities were provided :—

- Outings for handicapped people;
- Transport of handicapped persons to and from employment;
- Food parcels and coal to needy and elderly persons;
- Books, magazines, etc., to Homes and Centres;
- Clothing for necessitous cases;
- Toys for children;
- Visiting elderly persons;
- Complimentary tickets for social events;
- Film shows.

CIVIL DEFENCE

Care of the Homeless

The Medical Officer of Health is responsible for the planning of the Rest Centre Service, and during the year there has been maintained a list of 34 premises which have been earmarked for this purpose.

Billeting

Further progress has been made during the year in compiling a register of accommodation in the Borough which could be available for the billeting of the homeless in the event of war.

Section VI

**Sanitary Circumstances
of the Area**

WATER SUPPLY

The responsibility for the supply of water to the Borough is vested in the Makerfield Water Board. During the year the sources of supply have remained substantially unchanged and have been found satisfactory as regards quantity and quality.

I am indebted to Mr. A. E. Round, Engineer and Manager of the Board, for the following information :

“Chemical analyses of the various sources remain virtually unchanged and the results of bacteriological examination of supplies in the area are as follows :—

	No. of results showing Coliform bacilli absent	Coliform bacilli present	Bact. Coli (Type 1) present
Raw water ....	.... 8	12	12
Treated water	.... 675	32	21*

*The reason for the large number of "Treated Water" samples taken was that Type 1 coli appeared during September and some 300 samples were taken during the succeeding month until complete clearance was obtained."

Chemical Analysis

Representative results from each major source are shown in the table on page 108.

The waters have apparently shown no tendency towards plumbo-solvent action and no special precautions are taken apart from routine chemical analysis in regard to this.

Action taken in respect of any form of contamination is as follows :—

If contamination occurs above the treatment works, this is either combatted by temporarily increasing chlorination, or if the contamination is too serious for this to be practicable, the supply in question is taken out of service temporarily.

In the case of contamination showing up in any "district" samples, immediate re-sampling is undertaken, and in the event of this confirming contamination, the main or service affected is disconnected and chlorinated after which a further series of samples are taken until the matter is cleared up.

The number of dwelling houses and the number of population supplied from public water mains direct to the houses are as follows :—

Dwelling houses	....	....	....	....	....	25,789
Population	....	....	....	....	....	78,080

No houses are supplied by means of standpipes.

SEWERAGE AND SEWAGE DISPOSAL

Practically the whole of the Borough is sewered and drained. The sewage is conducted from the town by two main outfall sewers (27 ins. and 36 ins. in diameter) to the Sewage Disposal Works at Hoscar—which are seven miles distant. Before leaving the Town the sewage is passed through detritus tanks and fine screens, where grit and gross solid matters are removed mechanically. At this point, storm water flows in excess of 3 dry weather flow and up to a maximum of 6 dry weather flow are treated in the storm water tanks. During storms of high intensity, flows in excess of 6 dry weather flow pass direct into the River Douglas.

The main treatment works at Hoscar provides full treatment for five million gallons per day, dry weather flow, of sewage and trade effluent. One million gallons of this is trade effluent from a food factory.

The sewage flow enters the Hoscar Works via the outfall Pumping Station, designed to increase the carrying capacity of the outfall sewers. Preliminary settlement is carried out in four radial flow tanks equipped with electrically-operated desludging gear. The settled sewage gravitates to four batteries of biological filters designed to operate as either single, alternate double, or re-circulation filters. Two automatic pumping stations controlled by flow recorders provide accurate proportioning of the re-circulated effluents. Before passing forward to the River Douglas the filtered effluents receive adequate settlement for removal of filter solids. The combined sludges from the sedimentary processes are treated in single stage heated digestion tanks prior to dewatering on sludge drying beds. Four dual fuel engine generating sets, designed to operate on diesel oil, or on methane gas evolved during digestion of the sludge, have been installed. These provide the whole of the power requirements in respect of pumping, lighting and heating on the new works.

During the year ended 31st March, 1966 the following amounts of sewage have been treated at the Hoscar Moss and Pemberton Sewage Works :—

Pemberton Storm Water Works	....	....	413,370,000	gallons
Hoscar Works	....	....	2,539,630,000	,,
				,,
TOTAL SEWAGE TREATED	....	....	2,953,000,000	,,

Total solids removed, detritus tanks and screen chambers;

Pemberton	....	....	3,297	tons
Total solids removed, Hoscar Works	....	....	52,892	,,
Total dried sludge recovered, Hoscar Works (Dry solids)	....		1,159	,,
Weight of dried solids per million gallons of sewage	....		0.456	,,
Rainfall for year (Hoscar Works)	....	....	37.77	inches

PUBLIC CLEANSING

Mr. E. Cox, the Director of Public Cleansing, has supplied the following particulars :—

Refuse Collection and Disposal.—The collection of dry house refuse and trade refuse is carried out entirely by mechanical transport. 80 per cent of the refuse collected is disposed of by tipping.

Nightsoil and Pail Refuse.—The refuse (330 tons) is disposed of direct to farmers as manure. All pails are washed and disinfected after each collection.

Trade Refuse.—Fixed charges were introduced on 1st November, 1950, for the removal of this refuse. The shops and business premises in the town centre have a daily collection.

2,983 tons of trade refuse was delivered at the tipping site by private traders and contractors.

A scale of charges, in accordance with vehicle capacity, is operated.

Gully Cleansing.—During the year, 17,753 gullies were emptied.

Public Conveniences.—The following conveniences and urinals are maintained and cleansed by the Department :

1 public convenience for ladies and gentlemen, with attendants.

6 public conveniences for ladies and gentlemen, without attendants.

14 public urinals.

All urinals are cleansed and inspected twice per day, once on Sundays.

General.—The quantity of refuse dealt with by the Refuse Disposal Plant during the year 1966 was 5,233 tons, and the quantity tipped was 20,088 tons. In April, 1950, the Corporation introduced a Dustbins Renewal Scheme, as a direct rate charge. During the year 1101 bins were renewed and 362 sold to private properties not included in the scheme. In addition, 59 bulk containers were supplied for use at the new blocks of flats and certain industrial premises.

124,000,000 square yards of street have been swept during the year.

CREMATION

The Medical Officer of Health, his Deputy and an Assistant Medical Officer on the Health Department staff act as medical referees to the Corporation Crematorium. During the year under review 945 certificates for cremation were issued.

PUBLIC HEALTH INSPECTION

Mr. J. B. Marsh, Chief Public Health Inspector, reports :

Although favourable conditions regarding staffing prevailed early in the year the position rapidly deteriorated so that by the end of the year four out of the ten posts for public health inspectors were vacant. It became obvious that a full appraisal of duties and salaries was necessary to prevent further deterioration. By December the Council approved a scheme whereby six specialist posts and four district inspector posts were created instead of the ten all purpose inspector posts of the past. The new specialist posts were.

Senior District Inspector	Senior Meat Inspector
Senior Housing Inspector	Smoke Inspector
Food Hygiene Inspector	Office and Shops Inspector

It was expected that this scheme would eventually result in a return to a full establishment working more efficiently over the wide range of duties.

The pace of slum clearance was maintained with 673 houses being represented as unfit for human habitation. 481 families comprising 1,393 persons were re-housed by the Council. By the end of the year 381 unfit houses had been demolished and 2 unfit houses had been closed. These figures are considerably in excess of the previous years.

The improvement of houses, either by the provision of standard amenities or to the full discretionary grant standard, progresses. The work involved including inspections, preparation of specifications and the checking of estimates is painstaking but the result gives every satisfaction. The Council declared the fifth improvement area as the first area became fully improved.

The Meat Inspection (Amendment) Regulations allowed the local authority to exercise control of hours of slaughtering. An informal agreement was reached whereby slaughtering was confined to five and a half days instead of seven. The amazing result was that in the slaughterhouses affected an increase in animals slaughtered occurred and these premises were already thought by the occupiers to be saturated.

No smoke control orders were made during the year but it is anticipated that a new start will be initiated. The position in relation to those industrial chimneys coming within the scope of local authority action is satisfactory.

The Offices, Shops and Railway Premises Act, 1963, which generally gives similar protection to these employees as to those in the factories, continues to account for a large proportion of inspectors time. Work under the Act is the subject of a separate annual report made to the Minister of Labour. However a summary of that report is included for information.

Samples of food, drugs and water were submitted for chemical and bacteriological analysis, the results being generally satisfactory. The position concerning the description, labelling and advertising of food was also found to be satisfactory. Samples of animal feeding stuffs, fertilisers and filling materials for upholstery, etc. were also taken and no adverse reports were received.

Summary of Work Undertaken During the Year

Houses and premises inspected and visited <i>re</i> nuisances and complaints	1,518
Re-visits to nuisances	2,155
Other visits made	446
Visits to premises (testing of drainage)	234
Nuisances discovered	943
Nuisances abated	799
Notices issued (preliminary)	443
Notices issued (formal)	320
Letters issued <i>re</i> Nuisances	288
Visits to premises <i>re</i> Housing Acts	789
Re-visits to premises <i>re</i> Housing Acts	774
Visits <i>re</i> Certificates of Disrepair	4
„ Infectious diseases and food poisoning	8
Visits to slaughterhouses	3,437
Visits <i>re</i> Offensive trades	1
Visits to markets	42
„ butchers' shops	131
„ food preparers	46
„ caterers	86
„ other food shops	191
„ dairies	19
„ milkshops	21
„ ice-cream manufacturers	38
„ ice-cream shops	57
„ bakehouses	20
„ houses in multiple occupation	12
„ factories—power	81
„ factories—non-power	6
„ cinemas	4
„ places of entertainment	21
„„ caravans	6
„ <i>re</i> Offices, Shops and Railway Premises Act	419
„ <i>re</i> rats and mice—dwellings	2,829
„ „ other premises	722
„ smoke abatement	292
Visits <i>re</i> Poisons Act	10
Visits to premises <i>re</i> applications for tenancy of Council houses	7
„ verminous premises	12
Reports to Borough Engineer <i>re</i> dangerous structures	9
Watercourse Inspections	3
Visits to Licensed Premises	54
„ <i>re</i> Standard Grants	302
„ conversions	19
„ Improvement Grants	1,536
„ Noise abatement	6
Visits <i>re</i> Merchandise Marks Act	19
„ Animal Boarding Establishments	5
„ Children's Nightdress Regulations	4

Samples Obtained

Food and Drugs	....	....	....	....	....	....	....	....	....	....	....	....	225
Water (for chemical analysis)	....	....	....	....	....	....	....	....	....	....	....	....	11
Water, Milk and Ice-cream (for bacteriological examination)....	....	....	....	....	....	....	....	....	....	....	....	....	309
Fertilisers and Feeding Stuffs	....	....	....	....	....	....	....	....	....	....	....	....	20
Rag flock	....	....	....	....	....	....	....	....	....	....	....	....	4

AIR POLLUTION

The investigation of air pollution is carried out by the Warren Spring Laboratory; a branch of the Ministry of Technology. The Council is a contributor to the national survey of smoke and sulphur dioxide. The equipment used is standard and consists of a deposit gauge the contents of which are analysed monthly, and a daily smoke filter and volumetric sulphur dioxide apparatus. Below is a monthly analysis of the grit fallout collected by the deposit gauge.

DEPOSIT GAUGE AT WIGAN INFIRMARY

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Month-ly Av.
Total Solids (tons/sq. mile)	8.45	12.54	9.16	9.03	8.98	9.05	5.10	9.22	6.80	8.83	12.22	25.29	10.39
Insoluble Solids (tons/sq. mile)	1.68	5.16	3.79	3.29	5.58	5.90	1.64	2.75	2.24	4.50	3.49	3.69	3.64

Domestic Pollution

No smoke control orders have been made since the Marsh Green Order became operative on the 1st December, 1963. The position therefore is still unchanged and is as follows :

Operative Smoke Control Areas

	Acres	Dwellings	Factories	Other Premises	Date of operation
No. 1	.... 97	870	1	24	1st July, 1962.
No. 2	.... 609	621	3	35	1st December, 1962.
No. 3	.... 550	1,501	2	18	1st December, 1963.

Industrial Pollution

Industrial and commercial interests have gone a long way in installing new plant and converting old installations. By and large they are complying with the requirements of the Clean Air Act.

Chimney Heights

Plans were received involving the construction of 7 new chimneys. In each case an increased height was agreed upon and the plans subsequently passed.

Prior Approval of Boiler Plant

No applications were received from installers of new boiler equipment.

Smoke Offences

During the year one notice was served under Section 16 of the Clean Air Act, 1956. No legal action was necessary as this notice had the desired effect.

Offensive Trades

The offensive trade premises in the Borough comprise : 1 fell-monger, 1 fat boiler, and 1 gut scraper.

Visits have been paid to these premises and no cause for complaint has been found.

The Rag Flock and Other Filling Materials Regulations, 1951

Four samples were taken during the year and the results of the examinations were satisfactory.

Factories Acts

107 routine visits were made to factories and other premises in the area. The tables below show the conditions found and action taken.

PREMISES	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	3	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	323	78	5	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	20	8	—	—
TOTAL	346	87	5	—

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.)	1	1	—	—	—
Overcrowding (S.2.)	—	—	—	—	—
Unreasonable temp. (S.3.)	—	—	—	—	—
Inadequate ventilation (S.4.)	—	—	—	—	—
Ineffective drainage of floors (S.6.)	—	—	—	—	—
Sanitary Conveniences (S.7.)					
(a) Insufficient	2	—	—	3	—
(b) Unsuitable or defective	9	9	—	8	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) ...	—	—	—	—	—
TOTAL	12	10	—	11	—

Outworkers

From the lists received 16 persons were engaged on outwork—13 in basket making and 3 in wearing apparel. Although the manufacture of washleathers does not appear to be one of the occupations applying to outworkers for a number of years returns indicate that this type of work is being carried on. Lists indicate that 3 persons are so engaged.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act makes provision for the health, safety and welfare of persons employed in those premises and its provisions follow closely those of the Factories Act. The work under the Act is the subject of a separate annual report made to the Ministry of Labour. The figures appended below relate to those premises for which the local authority are responsible. In the main, the Ministry of Labour is responsible for those offices and factories, crown offices and local authority offices, the local authority is responsible for all other.

Inspections

424 general inspections were made during the year. 25 other visits were carried out.

SUMMARY OF CONTRAVENTIONS FOUND DURING GENERAL INSPECTIONS

Eating facilities	....	....	....	....	....	....	....	....	2
Floors, passages and stairs	....	....	....	....	....	....	....	....	61
Fencing, exposed parts of machinery	....	....	....	....	....	....	....	....	2
Washing facilities	....	....	....	....	....	....	....	....	72
Supply of drinking water	....	....	....	....	....	....	....	....	3
Cleanliness	....	....	....	....	....	....	....	....	85
Overcrowding	....	....	....	....	....	....	....	....	2
Lighting	....	....	....	....	....	....	....	....	74
Sanitary Conveniences	....	....	....	....	....	....	....	....	40
Abstract of Act	....	....	....	....	....	....	....	....	105
Clothing Accommodation	....	....	....	....	....	....	....	....	12
Sitting facilities	....	....	....	....	....	....	....	....	4
Temperature (thermometers)	....	....	....	....	....	....	....	....	81
Temperature (heating)	....	....	....	....	....	....	....	....	13
Ventilation	....	....	....	....	....	....	....	....	84
First Aid—General Provisions	....	....	....	....	....	....	....	....	77

Registered Premises

CLASS OF PREMISES	No. of premises registered at end of year	No. of registered premises receiving a general inspection during year
Offices	279	144
Shops	526	214
Wholesale shops, warehouses	61	29
Catering establishments open to the public, canteens	97	24
Fuel storage depots	3	—

Section VII



Housing

SLUM CLEARANCE

During the year 673 houses were represented as being unfit for human habitation but whereas in former years the emphasis has been on the individual unfit procedure this year the clearance area procedure with compulsory purchase powers was used. This will secure the orderly demolition and proper redevelopment of the cleared sites.

Individual Unfit Properties

No. of unfit houses represented to committee	....	....	....	....	103
„ demolition orders made	....	....	....	....	230
„ closing orders made	....	....	....	....	6
„ certificates of unfitness on Council-owned property	....	....	....	....	20
„ undertakings to demolish	....	....	....	....	16

Clearance Area-Compulsory Purchase Orders

Taylor Street/Swann Street Order containing 46 houses was confirmed
 Holland Street/Catherine Street Order containing 54 houses was confirmed
 Pottery Street Order containing 85 houses was submitted
 Anderton Street/St. Patrick Street Order containing 303 houses was submitted
 Wood Street Order containing 76 houses was submitted
 Atherton Street Order containing 21 houses was submitted
 Howard Street Order containing 33 houses was submitted
 Miry Lane/Swann Street Order containing 52 houses was submitted

DEMOLITION AND RE-HOUSING

	No. of houses	Persons	Re-housed Families
Houses Demolished in Clearance Areas	15	252	84
Houses Demolished as a result of action under Sec. 16 and 17 of Housing Act	346	1,077	371
Unfit houses closed	2	6	5
Local authority-owned houses demolished	20	57	21

HOUSE IMPROVEMENT

Improvement Areas

In addition to individual applications for grant aid for house improvement the Authority has designated five areas as "Improvement Areas". It is the intention to secure the improvement of all houses in such areas, including the use of compulsory powers if necessary. The position in the five areas at the end of 1966 was as follows :—

Improvement Area	No. in Area	No. below Standard	No. Improved COMPLETED
No. 1 (Swinley)	82	58	70
No. 2 (Scholes)	90	86	66
No. 3 (Springfield)	128	81	42
No. 4 (Springfield)	211	137	16
No. 5 (Springfield)	284	222	

Owners in these areas have responded to the Council's intentions and it has not been necessary to use the compulsory improvement powers contained in the Housing Act, 1964.

Standard Grants

137 applications for Standard Grants were received during the year for some or all of the five amenities. 112 Grant payments were made to owners of houses where work had been completed.

Discretionary Grants

Many enquiries were received for the Discretionary Grant and all were investigated. This resulted in 81 formal applications being made, 69 of which were approved.

At the end of the year 79 houses had been fully improved and many were in the process of being improved.

Conversions

An application was received from the Wigan Abbeyfield Society Limited for the conversion of 395 Poolstock Lane, a large house, to five self-contained bed-sitting rooms and one self-contained unit for a house-keeper/caretaker. The total cost of the conversion, decoration and external works of improvement was £4,040 9s. 8d. The amount ranking for grant was £1,852 18s. 0d. of which the Council contributed 50%.

At the end of the year the retired persons resident therein expressed delight and satisfaction at their new accommodation.

HOUSING ACCOMMODATION

No. of dwelling houses erected in 1966 :—							
By Local Authority	....	....	....	....	....	....	1,002
By Private Enterprise	....	....	....	....	....	....	458
Unfit houses made fit :—							
After formal action under Public Health Act	....	....	....	....	....	....	32
After informal action	....	....	....	....	....	....	2
Houses in which defects were remedied :—							
After formal action under Public Health Act	....	....	....	....	....	....	200
Housing accommodation as at 31st December, 1966 :—							
No. of dwelling houses	....	....	....	....	....	....	25,886
No. of business premises with living accommodation	....	....	....	....	....	....	613
No. of licensed premises with living accommodation	....	....	....	....	....	....	128
							<hr/>
							26,627
							<hr/>

COMMON LODGING HOUSES

The one remaining common lodging house was closed at the end of January. A few of its inmates were accommodated in one of the welfare homes but the rest made their own arrangements. With the successive closing of five such lodging houses the demand for this type of accommodation has declined over the years. It was with little regret that this last common lodging house was finally closed.

HOUSES IN MULTIPLE OCCUPATION

This accommodation does not present the department with much of a problem. These houses are reasonably well maintained and managed.

No. of visits	2
---------------	------	------	------	------	------	------	------	------	---

LEGAL PROCEEDINGS TAKEN DURING THE YEAR

In no case was it necessary to institute legal proceedings against the owner of property for non-compliance with a Formal Notice.

RENT ACT, 1957

During the year 10 applications were received for Certificates of Disrepair. In 2 cases the landlord gave an undertaking to carry out the necessary work within six months. 6 certificates were issued.

No application for the revocation of a certificate was received. The tenants did not object to the cancellation of the certificates.

Section VIII

**Inspection and
Supervision of Food**

EXAMINATION OF WATER

Chemical Analysis

During the year 10 routine samples of water were sent to the Public Analyst for examination.

The results of these examinations, expressed in averages, are given below :—

	Parts per 100,000
Temporary Hardness	5.1
Permanent Hardness	4.1
Total Hardness	9.2
Alkalinity	5.1
Combined Chlorine	1.9
Ammoniacal Nitrogen ... ..	.002
Albuminoid Nitrogen ... ..	.0005
Nitrogen as Nitrites	Neg.
Nitrogen as Nitrates ... ..	.097
Oxygen absorbed in 4 hrs. at 27° C. ... ..	.07
PH Value	7.4

Bacteriological Examination

During the year 34 routine samples of water from domestic taps and 3 samples of water from public fountains were sent to the Public Health Laboratory, Manchester, for examination. These samples were all satisfactory.

MILK SUPPLY

At the present time only one small pasteurising plant is licensed within the Borough. This plant operating on the “Holding” principal is located on a farm adjacent to the milk sheds. Thus the milk is processed and bottled within a very short time of milking. A large proportion of this milk is used in the canteens of the large food factory who own the farm.

Other heat treated milks arriving in the Borough originate from a very wide area from Cheshire to North East Lancashire. Regular sampling of the various designated milks from all sources is carried out both for bacteriological and chemical standards.

No. of visits to dairies	19
No. of visits to milkshops	21
No. of dealers licensed for the sale of sterilised milk	272
No. of dealers licensed for the sale of pateurised milk	149
No. of dealers licensed for the sale of untreated milk	4
No. of dealers licensed for the sale of ultra heat treated milk	27
No. of dealer (pasteuriser’s) licences	1
No. of persons registered as distributors of milk	280
No. of premises registered as dairies	1

Bacteriological Examination of Milk

165 samples of milk were submitted for bacteriological examination :—

PASTEURISED	83	All samples passed the Phosphatase and Methylene Blue Tests.
UNTREATED :	15	11 samples passed the Methylene Blue Test, 3 failed and one test was void.
STERILISED :	61	In all cases the Turbidity Test was negative.
ULTRA HEAT TREATED :	6	All satisfactory.

Brucella Abortus

Two samples were taken this year for the Ring test and both satisfied the test. Of the exceedingly small amount of untreated milk for retail which enters the borough it was ascertained that further samples were being taken at source in the adjoining authorities.

Chemical Examination of Milk

50 Samples of milk were taken for chemical analysis. All were satisfactory.

Liquid Egg (Pasteurisation) Regulations, 1963

There is no egg pasteurising plant in the Borough. 3 samples have been taken, all of which proved satisfactory.

ICE CREAM

There are three registered manufacturers operating ice cream pasteurising plants located within the Borough. In addition ice cream manufactured by nationally known firms and other small local firms is also on sale. Both manufacturing premises and retail outlets are inspected regularly throughout the year in order that the Regulations relating to hygienic construction and practises and the pasteurising requirements are complied with. 38 such visits were made to manufacturers and 57 to the retail outlets. In addition 79 samples were taken and submitted for the Methylene Blue Reduction Test. This test is not a statutory test but one which indicates to the Inspector good hygienic practises during ice cream manufacture. The results of the samples are expressed in Grades 1 to 4 and last year's results are set out below :—

Grade 1	....	....	....	....	....	....	....	68
Grade 2	....	....	....	....	....	....	....	3
Grade 3	....	....	....	....	....	....	....	1
Grade 4	....	....	....	....	....	....	....	7

17 samples of ice cream and two samples of ice cream powder were also taken for chemical analysis to ensure that the minimum nutritional standards were maintained. Two samples of ice cream and one of ice cream powder were below standard.

Retailers

The number of premises registered under Section 34 of the Wigan Corporation Act, 1933 for the sale of ice-cream on 31st December, 1966 was 352.

FOOD PREMISES

Number of food premises in the Borough :—

“Purveyor of Meat” premises	....	....	....	....	....	....	86
Restaurants, cafes and snack bars	....	....	....	....	....	....	42
Fried Fish shops....	....	....	....	....	....	....	61
Grocery shops	....	....	....	....	....	....	371
Greengrocery shops	....	....	....	....	....	....	55
Bakehouses	....	....	....	....	....	....	46
Ice-cream premises	....	....	....	....	....	....	352
Dairies	....	....	....	....	....	....	1

Inspection of Food Premises

The following is a summary of the defects discovered at food premises upon inspection :—

Insufficient washing facilities	....	....	....	....	....	....	5
Insufficient personal washing facilities	....	....	....	....	....	....	29
Lack of cleanliness of ceilings	....	....	....	....	....	....	22
Lack of cleanliness of walls	....	....	....	....	....	....	28
Lack of cleanliness of floors	....	....	....	....	....	....	11
Lack of cleanliness of working surfaces and shelves....	....	....	....	....	....	....	3
Lack of cleanliness of equipment	....	....	....	....	....	....	18
Defective floor and/or covering	....	....	....	....	....	....	10
Defective walls	....	....	....	....	....	....	7
Defective ceilings	....	....	....	....	....	....	11
Defective working surfaces	....	....	....	....	....	....	5
Defective equipment	....	....	....	....	....	....	8
No first-aid kit	....	....	....	....	....	....	10
No clothing cupboard or locker	....	....	....	....	....	....	6
Insufficient cover for food	....	....	....	....	....	....	3
Insufficient lighting	....	....	....	....	....	....	13
“Wash your hands” notice not displayed	....	....	....	....	....	....	11
Inadequate refuse collection and/or storage	....	....	....	....	....	....	4
Unsatisfactory toilets	....	....	....	....	....	....	27
Dirty and unsatisfactory storage	....	....	....	....	....	....	1
Inadequate ventilation	....	....	....	....	....	....	2

Education

Education of shopkeepers in connection with “clean food” has been carried out by means of individual talks on the premises and by the distribution of suitable pamphlets.

Food Hygiene

The task of bringing all food premises up to the prescribed structural requirements has almost been completed but by far the greatest problem is the education of the food handler. It is a long painstaking task undertaken by the public health inspectors whilst the food handler is at his task. A great deal of patience, tact and time is required, and only when this problem is overcome can the Food Hygiene Regulations be said to be effective. To support these visits striking posters from the Central Council for Health Education are liberally distributed, and there is no doubt that these posters do have a considerable impact.

MARKET HALL

The Market Hall contains in one unit the main market, the fish market, the wholesale and retail fruit markets. Frequent visits are made and the conditions are satisfactory.

CLUBS AND LICENSED PREMISES

Due to the Licensing Act, 1961, many visits have been paid to clubs with a view to obtaining reports for the guidance of the licensing Bench. The method of inspection has been to apply fully the Food Hygiene Regulations and also to insist on separate toilet facilities. During the year some 54 visits were made.

MEAT INSPECTION

There are eight private slaughterhouses in the Borough two of which are bacon factories the remainder being general purpose slaughterhouses. Much of the meat produced is "exported" beyond the town boundaries. Again the number of animals slaughtered and inspected rose substantially from 107, 126 to 116, 869 an increase of 9% and this following a previous annual increase of 68%.

The Meat Inspection (Amendment) Regulations 1966 came into force in October. The main provision allowed local authorities to determine the days on which and the hours between which animals may be slaughtered. Instead of making a formal order, informal discussions between the trade resulted in an agreement being reached whereby slaughtering hours were fixed at 7 a.m. – 5 p.m. from Monday to Friday and from 7 a.m. – noon Saturday. Slaughtering on Sunday was abandoned. Formerly daily hours of slaughter not only exceeded the aforementioned time but slaughtering was carried out on Saturday afternoons and all day Sunday. To the mutual advantage of the trade and the Department the restricted hours of slaughter resulted in higher efficiency and greater output.

As the local authority apply the scale of charges for meat inspection they received an enhanced income for the years work. The income was £5,029 16s. 3d. an increase of £361 6s. 6d. or a 7.7% increase.

No. of visits to slaughterhouses	....	....	....	....	....	....	3,437
,, markets	....	....	....	....	....	....	42
,, butcher's shops	....	....	....	....	....	....	131
No. of certificates issued (condemned food)	....	....	....	....	....	....	242

INCREASE IN ANIMALS SLAUGHTERED

				1964	1965	1966
Cattle exc. Cows	....	....	....	3,930	7,638	9,198
Cows	....	....	....	11,906	7,849	7,817
Calves	....	....	....	145	162	248
Pigs	....	....	....	15,961	34,569	32,279
Sheep	....	....	....	31,617	56,908	67,327
TOTALS :	....	....	....	63,559	107,126	116,869
Income	....	....	....	£3,373	£4,668	£5,029

Carcases Examined During the Year 1966

	Cattle exc. Cows	Cows	Calves	Pigs	Sheep	TOTAL
Carcases examined	9198	7817	248	32279	67327	116869
Carcases totally condemned	11	8	16	67	19	121
Percentage totally condemned	0.12	0.12	6.45	0.21	0.03	0.10

Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Pigs	Sheep	Horses
Number killed	9198	7817	248	32279	67327	—
Number inspected	9198	7817	248	32279	67327	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI :						
Whole carcasses condemned ...	11	8	16	66	19	—
Carcases of which some part or organ was condemned	1810	4013	6	9515	7851	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ...	19.8	51.4	8.9	29.7	11.7	—
TUBERCULOSIS ONLY :						
Whole carcasses condemned ...	—	—	—	1	—	—
Carcases of which some part or organ was condemned	—	—	—	55	—	—
Percentage of the number inspect- ed affected with tuberculosis ...	—	—	—	0.17	—	—
CYSTICERCOSIS :						
Carcases of which some part or organ was condemned	20	18	—	—	—	—
Carcases submitted to treatment by refrigeration	4	6	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

The following meat and offal from the slaughterhouses was surrendered and destroyed, or sold for manufacturing purposes, during the year 1966.

	Whole carcase and all Offal Con- demned	Part of Carcase Con- demned	OFFAL CONDEMNED									Mesen- teries
			Heads	Lungs	Livers	Hearts	Stomachs	Spleens	Skirts	Kidneys	Udders	
Affected with Tuberculosis :												
Cattle (exc. Cows)	—	—	—	—	—	—	—	—	—	—	—	—
Cows	—	—	—	—	—	—	—	—	—	—	—	—
Calves	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	1	—	55	—	—	—	—	—	—	—	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—	—
Affected with Cysticercosis :												
Cattle (exc. Cows)	—	—	13	—	—	10	—	—	—	—	—	—
Cows	—	—	5	—	—	14	—	—	1	—	—	—
Calves	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	—	—	—	—	—	—	—	—	—	—	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—	—
Affected with other Diseases :												
Cattle (exc. Cows)	11	—	32	435	1657	15	19	113	4	53	—	1
Cows	8	1	18	701	3758	36	68	187	12	249	1282	8
Calves	16	—	—	4	—	—	—	—	—	6	—	—
Pigs	66	5	90	9205	2592	1302	33	32	—	46	4	49
Sheep	19	1	—	314	7811	22	—	1	—	8	—	—
	121	7	213	10659	15818	1399	120	333	17	362	1286	58

Summary of other Food Condemned, 1966

Meat	1,876 lbs.
Imported Meat	268 lbs.
Canned Meat	340
Fish	134 lbs.
Canned Fish	20
Fruit	200 lbs.
Canned Fruit	293
Vegetables	744 lbs,
Canned Vegetables	207
Canned Milk	16
Canned Soup	6
Packages of Other Food	529
Other canned or bottled foods	144
Fowl	4
Cream	8 pts.

All food condemned, other than meat, is destroyed at the Frog Lane Depot of the Corporation Cleansing Department.

FOOD AND DRUGS ACT, 1955—SAMPLING

During the year 225 samples of milk and various other foods obtained under the above Act were submitted to the Public Analyst for examination.

SAMPLES TAKEN DURING 1966:—

ARTICLES	Total Number analysed	Samples regarded as adulterated below standard or otherwise not complying with the prescribed requirements		ARTICLES	Total Number analysed	Samples regarded as adulterated below standard or otherwise not complying with the prescribed requirements	
		Number	%			Number	%
Ale	1	—	—	Margarine	2	—	—
Baking Powder ...	1	—	—	Meat Tenderizer ...	1	—	—
Barley	1	—	—	Meat (tinned)	2	—	—
Beef (minced)	1	—	—	Meat Pies	7	—	—
Black Puddings ...	2	—	—	Milk	50	—	—
Brandy	1	—	—	Mincemeat	1	—	—
Bread	4	2	50	Mint	1	—	—
Butter	3	—	—	Molasses	1	—	—
Cake and biscuits	8	—	—	Olive Oil	1	—	—
Cheese	4	—	—	Onions (cocktail)	2	—	—
Cheese Spread	1	—	—	Oranges	1	—	—
Cherries	1	—	—	Peanut Butter ...	1	—	—
Chicken Stock	1	—	—	Pepper	2	—	—
Chocolate				Pickles	2	—	—
(drinking)	1	—	—	Pie Filling	1	—	—
Coffee (Instant) ...	3	—	—	Pudding	2	—	—
Coffee Essence ...	1	—	—	Rum	1	—	—
Cough Mixture ...	3	—	—	Sage	1	—	—
Cream	3	—	—	Sardines	1	—	—
Curry Powder	2	—	—	Sauce.....	1	—	—
Custard Powder ...	1	—	—	Sausage	9	1	11
Dripping	2	—	—	Semolina	1	—	—
Fish	1	—	—	Shrimps	1	—	—
Fish cakes	1	—	—	Soft drink	5	—	—
Fish paste.....	2	—	—	Soft drink pwd. ...	3	—	—
Flavouring	1	—	—	Spice	1	—	—
Flour	3	—	—	Sugar.....	1	—	—
Food Colouring ...	1	—	—	Sweets	3	—	—
Gin	1	—	—	Syrup	3	—	—
Ground Almonds...	1	—	—	Table jellies	1	—	—
Honey	2	—	—	Tablets	2	1	50
Ice Cream	17	2	12	Tapioca.....	1	—	—
Ice Cream				Tartaric Acid	1	—	—
Powder	2	1	50	Tea	1	—	—
Infant Powders ...	1	—	—	Tinned Fruit	4	—	—
Jam	6	—	—	Tinned Milk	5	—	—
Krushen Salts	1	—	—	Tomato Juice	3	—	—
Lard	1	—	—	Tomato Ketchup	1	—	—
Lemon Curd	3	—	—	Tomatoes (tinned)	2	—	—
Macaroni	1	—	—	Tuna	1	—	—
Malt Extract	1	—	—	Vinegar	3	—	—
				Whisky	1	—	—
Action taken in regard to unsatisfactory samples is given on Page 114.					225	7	3.1

SAMPLES NOT UP TO SATISFACTORY STANDARDS

ARTICLE	No. of Sample		REPORT	REMARKS
	Informal	Formal		
Aluminium Hydroxide Tablets		2	Aluminium Hydroxide tablets deficient in aluminium oxide	Fined £10 plus £2-12-6 costs
Ice Cream Powder	77		Ice Cream Powder not labelled in accordance with the requirements of Regulation 4 of the Labelling of Food (Amendment) Regulations 1959.	Warning letter
Milk loaf	139		Not conforming to Regulation 15 (1) of the Bread and Flour Regulations, 1963	Formal sample taken
Milk loaf		144	Bread not conforming to Regulations 15 (1) of the Bread & Flour Regulations, 1963	Fined £25
Pork sausage	159		Pork sausage deficient in meat to the extent of 8.3 per cent	Warning letter
Ice cream	198		Not conforming to the Labelling of Food (Amendment) Regulations, 1959	Declaration only
Ice cream	199		Not conforming to the Labelling of Food (Amendment) Regulations, 1959	Declaration only

Annual Report of the Public Analyst

I am indebted to the Borough Analyst, Mr. J. Graham Sherratt, B.Sc., F.R.I.C. for the following remarks on the work carried out on behalf of the Corporation during the 12 months ended 31st December, 1966.

FOOD AND DRUGS ACT, 1955

Total number of samples analysed	....	....	....	....	225
Number of samples regarded as sub-standard or otherwise unsatisfactory	....	....	....	....	7%
Percentage Unsatisfactory	....	....	....	....	3.1%

In contrast to the previous year, when 6 unsatisfactory samples were classified as "complaints," the samples did not include any submitted to the Public Health Department by members of the public who suspected some contamination or other irregularity.

The total number of samples included 50 milks, 19 ice creams and ice cream powders, 11 meat pies and other meat products, 9 sausages, 7 drugs and proprietary medicines, 4 spirits and 125 miscellaneous samples of foods and drinks.

The sub-standard or otherwise unsatisfactory samples included two samples of ice cream, two samples of milk loaf, and one each of pork sausages, ice cream powder and aluminium hydroxide tablets. Details of these samples are given below :—

Ice Cream and Ice Cream Powder

Under the Labelling of Food (Amendment) Regulations, 1959, the fat in all samples of pre-packed ice cream must be wholly butterfat or, alternatively, a declaration that the ice cream contains non-milk fat must appear on the label in close proximity to the word "ice cream." Both the samples of ice cream contained non-milk fat, but the required declaration to this effect was not made. Exactly the same irregularity occurred in respect of the ice cream powder. The chemical compositions of the samples, in respect of the amounts of fat and milks solids-not-fat, were satisfactory.

Milk Loaf

The samples were an informal and a formal sample, taken in August and October respectively, from the same vendor. Neither sample conformed to the Bread and Flour Regulations, 1963, which provide that bread sold as milk loaf must contain not less than 6% by weight (calculated on the dry matter) of whole milk solids. The first sample did not contain whole milk solids and it contained only 3% of skimmed milk solids : whole milk was not present either in the follow-up sample, which contained 3.5% of skimmed milk solids.

Pork Sausages

In May, 1965, the Ministry of Agriculture, Fisheries and Food circulated draft Regulations, proposing to fix the minimum meat content in pork sausage at 65). The proposed Regulations have not yet been implemented, but a very large majority of samples analysed already conform to the projected limit. The sample that was regarded as unsatisfactory contained only 60% of meat, corresponding with a deficiency of 8.3% of the required amount.

Aluminium Hydroxide Tablets

This was a formal follow-up sample relating to an informal sample, taken in December, 1965, which was found to contain only 160 mg. of aluminium oxide per tablet, instead of not less than 225 mg. per tablet, as required by the B.P. The sample now under comment was very similar, but it comprised two different sizes of tablet. The larger size contained 190 mg. per tablet, and the smaller size 160 mg. per tablet.

All the samples not referred to individually above were satisfactory. Articles that are the subject of Official Regulations or standards of composition conformed in all respects, and those for which compositional standards are not in force were of normal commercial quality. The analyses of samples of flour confectionery, biscuits etc. included special examinations and tests for mites and other insect infestation, but the results were uniformly negative. No instance of unacceptable metallic contamination was detected in any of the samples analysed.

Composition of Milk

The average composition of the milk samples analysed during 1966 is given below. Adjacent figures in brackets represent the corresponding averages for 1965.

Number of samples	....	....	....	50	(55)
Average fat	....	....	....	3.67	(3.72)
Average solids-not-fat	....	....	....	8.83	(8.96)
Average water	....	....	....	87.50	(87.31)

Pesticide Residues in Food.

The County Councils' Association, in conjunction with other Local Authorities' Associations, has organised a nation-wide scheme for testing a limited number of special samples of various foods quantitatively for residues from agricultural sprays, with particular reference to the persistent organic-chlorine type (*i.e.* D.D.T., B.H.C. etc). Each Local Authority that has agreed to participate in this investigation has been asked to take samples, the number and type of which is specified according to population and area. The County Borough of Wigan has agreed to take part in this scheme, which started in August, 1966, but the first samples are not expected to be received from Wigan until the first quarter of 1967.

FERTILISERS AND FEEDING STUFFS ACT, 1926

Fourteen samples, comprising 8 fertilisers and 6 feeding stuffs were analysed under the Act during the year. The fertilisers comprised 7 compound articles, for which statutory declarations of the amounts of nitrogen, soluble and insoluble phosphoric acid, and potash are required, and one sample of bone meal, requiring only a declaration of nitrogen and insoluble phosphoric acid. One of the samples of compound fertiliser contained 1.5% more nitrogen than the quantity declared: the excess, which, of course, is not to the prejudice of the purchaser, is 0.75% outside the permitted limits of variation. All the other samples of fertiliser conformed to the declarations.

The six samples of animal feeding stuffs were all compounded articles, requiring in each case declarations of oil, protein and fibre. The declarations for all the samples were correct within the permitted limits of variation.

CHEMICAL ANALYSES OF DOMESTIC WATER

Ten samples of domestic water were analysed during the year. The compositions of all the samples were satisfactory, and no instance of harmful organic or metallic contamination was detected.

J. GRAHAM SHERRATT,

Public Analyst.

LEGAL PROCEEDINGS

Five prosecutions under the Food and Drugs Act, 1955 took place, four of these were successful.

1. A firm of mineral water manufacturers pleaded guilty to selling soda water deficient in Soda and was fined £5.
2. Two partners in a local firm of chemists were each fined £5 with £2 12s.6d. costs in each case for selling Aluminium Hydroxide tablets deficient in aluminium oxide.
3. A local householder was ordered by the magistrates to remove cats from his house within 48 hours and to cleanse his house in 14 days, and was fined £5 and £13 5s. 0d. costs.
4. A local firm of confectioners was summoned before the magistrates for selling a scone containing a piece of wire but the Summons was dismissed on a technical submission that the burden of proof had not been discharged.
5. A firm of confectioners was alleged to have sold a trifle containing part of a centipede and upon conviction were fined £10 and ordered to pay £10 12s. 0d. costs.

APPENDIX A

HEALTH DEPARTMENT

Report of the Medical Officer of Health on the FAMILY SERVICE PROJECT

“When it is necessary to re-house problem families this should be done bearing in mind the particular characteristics of each family and the reception area. Extremes of indiscriminate scatter and concentration should be avoided in favour of planned distribution which would facilitate remedial social work.”

It was the failure to observe the principles enunciated in the foregoing paragraph which was primarily responsible for the difficulty now being experienced in the area of the Norley Estate containing the Orlit houses.

The two-fold object of the scheme at present under consideration is to raise the standard of the houses and attempt social rehabilitation with a number of the families—it is estimated that about 50% of the families in this area present difficult social problems. There are factors in the present situation and in possible future development where the two objects appear to be in conflict.

Movement of Families

In relation to the movement of families for instance we have on the one hand the need of the Borough Engineer's Department to have a convenient grouping of houses on which to work, yet on the other hand we must consider the human relationships which arise from parting families from the surroundings and neighbours to which they have become accustomed. At present the transfers are effected by offering houses as they become vacant in the normal way to the tenants next in line for transfer. It follows that no control can be exercised over these transfers because it is not known where the next vacant house will be. It is not unlikely, without detailed planning and co-ordination to effect the transfer of a tenant to one of the houses available and within a relatively short space of time require the same tenant to move again. Already there are a small number of families who will have to move twice, but should the scheme continue as at present it could become necessary in the later stages to ask tenants to move three times. Complaints are already received from the better tenants that this does not happen on any other housing estate in the Borough.

Another problem arises because a number of families in this area do maintain good standards of interior decoration. When asked to transfer to houses only temporarily redecorated they may ask what is the point in maintaining good standards only to be moved to a house which has water paint on the walls instead of wallpaper.

In three cases tenants already transferred under the scheme have responded to the opportunity to make a new start. They were all reluctant to move and although very proud of their recent achievements are still easily upset. It is quite likely that these families, having responded to the Family Case Worker's efforts to rehabilitate them, will be asked to move again and, unless extremely carefully handled, this could lead to a return to their former way of living.

In order to obviate so far as possible the problems which I have outlined I am of the opinion that it will be necessary to have a detailed movement plan projecting the possible ways in which tenants in the Orlit houses could be moved with minimum inconvenience and to simplify this procedure it might be necessary for the Borough Engineer to accept pairs of houses for permanent renovation rather than groups of four or more. Temporarily redecorated or half-way houses should be eliminated if at all possible, as this involves the movement of tenants on more than one occasion and the repairing and cleaning of these houses between short tenancies would be difficult and expensive.

To arrange satisfactorily for the rational and economical movement of families a house-to-house investigation has to be carried out. Many social factors as well as the actual size of the individual families have to be considered prior to a move being planned. The Family Case Worker has commenced such investigation and the results of his findings have given rise to a suggested movement schedule. The principle is to permanently renovate a block of houses. These would then be tenanted, taking into account the social factors involved and the necessity to provide further conveniently-sited houses for permanent renovation.

It is interesting to note that the mood of the area at present is very slowly changing in favour of the renovation scheme. The house-to-house investigation is an essential factor in fostering this as it gives the tenants an opportunity to discuss with the Family Case Worker the implications and the advantages of the scheme.

Economic Situation

A point of conflict here arises because of the social structure of the families occupying the Orlit houses. The unemployment rate is high but includes men whose earning capacity is nil owing to sickness or disability. The latter group will be permanently supported by social security benefits but increased rent and fuel costs would constitute a burden which they are unwilling to shoulder. This also applies to the ordinary, often "professional", unemployed but in their case increases are more likely to be ignored and to result perhaps in increased rent arrears. In particular the larger families with only one wage earner on an average or low wage will have problems when re-housed if the new accommodation is of a more costly nature. It is important that a decision as to the rent of the renovated Orlit houses be made as soon as possible in order that the Family Case Worker can appraise future tenants of any increase. Such increase should be minimal as it is considered that something like 50% of the tenants would be in difficulty.

Communication

The Family Case Worker has reported that lack of accurate information on the aims and objects of the scheme is giving rise to unfounded rumours and is doing much to hinder his work. If the scheme is to continue and a realistic timetable of house renovation adhered to, then a circular letter to tenants in the houses would be a great help. This should be followed by individual letters as and when required, giving the maximum notice of transfer so as to avoid unnecessary expense with interior decoration, etc.

Transfers In and Out of the Area

It follows from the preamble to this report that if the scheme is to be successful detailed consideration by the Family Case Worker must be given to all movement, both within the area and to and from areas outside. As I said in earlier reports it is important, if not vital, to retain in the area a core of good tenants and it may well be that in order to do this it will be necessary to remove from the area a proportion of the very bad ones. This will need careful and detailed planning and it is essential that my officers should have the complete co-operation of those responsible for house letting in this respect.

General

In my original report of 8th April, 1965, I made certain points of a general nature concerning the area. It has been noticed that in recent months greater attention has been paid to dustbin emptying to prevent the constant build-up of litter and refuse but I would again comment that consideration should be given to the opening-up of space round the houses and that the present neglected spaces be maintained on a communal basis with an "adventure" playground which could "relieve the pressure" on houses and reduce damage. The opening of the school playgrounds during the holidays has been a great success. The Family Case Worker is now beginning to gather together young people from selected families in the area for group discussion and worthwhile activities.

SUMMARY

1. Certain fundamental principles governing the movement and rehabilitation of problem families are referred to.
2. The changing mood of the tenants of the area in favour of the scheme is noted.
3. It is considered essential that tenants be given an outline of the scheme as a whole and early accurate information individually when they are required to move.
4. The urgent need is seen for a realistic timetable to expedite the work and avoid hardship.
5. The necessity of the Borough Engineer to accept, if necessary, pairs of houses rather than larger numbers for permanent rehabilitation is stated.
6. The difficulties involved in intermediate moves to half-way houses are discussed.
7. The economics of the scheme require an early decision on the rents of the permanently renovated houses.
8. A plea is made for full, unstinting co-operation with the Family Case Worker in his difficult task.
9. A schedule of movement is suggested, based on a detailed house-to-house survey.

Health Office,
Library Street, WIGAN.
August, 1966.

INDEX

	<i>Page</i>
Admission to Residential Accommodation	79
Air Pollution	98
Ambulance Service	6, 51
Analgesia	33
Ante-Natal Care	27
Ante-Natal Clinics	27, 33
Ascertainment of Deafness in Pre-School Children	37
“At Risk” Register	36
Bacteriological Examination of Ice-Cream	109
Bacteriological Examination of Milk	109
Bacteriological Examination of Water	108
B.C.G, Vaccination	49
Bedding Loan Service	59
Billeting	89
Births	14
Blind Welfare	82
Bronchitis	19
Brucella Abortus	109
Burial of the Dead	81
Cancer	19, 20
Care of Children under School Age	28
Care of Expectant and Nursing Mothers	27
Care of Premature Infants	34
Care of the Aged	80
Care of Unmarried Mothers	28
Causes of Deaths with Death Rates	15
Cervical Cytology	5, 56
Charges for Residential Accommodation	79
Chemical Analysis of Water	92, 108, 119
Chemical Examination of Milk	109
Child Guidance	29
Child Minders	31
Child Welfare Centres	29
Children Act, 1948	38
Children Neglected or Ill-treated in their own homes	38
Chimney Heights	98
Chiropody Service	60
Civil Defence	51, 89
Clean Air Act, 1956	98
Clearance Areas	104
Clinics	26
Clubs and Licensed Premises	111
Collaboration with General Practitioners	36
Common Lodging Houses	105
Congenital Malformations	28
Consultant Clinics	37
Convalescence	56
Conversions	105
Co-ordinating Officer and Committees	38
Co-ordination of Health Services	68
Cremation	95

	<i>Page</i>
Day Care Unit	67
Deaf and Hard of Hearing Welfare	86
Death Rates for the last ten years	18
Demolition and Re-housing	104
Dental Care and Treatment	30
Diphtheria Immunisation	50
Discretionary Grants	105
Disinfection and Distribution of Disinfectants	76
Disposable Equipment	41
Domestic Help Service	60
Domestic Pollution...	98
Domiciliary Midwifery	32
Domiciliary Visiting of the Aged	80
Emergency Obstetrical Unit	24
Examination of Water	108
Factories Acts	100
Family Planning	31
Family Service Unit	5, 40, 121
Fertilisers and Feeding Stuffs Act	118
Flatlets for the Aged	80
Fluoradation	7
Food and Drugs Act	115
Food Condemned	114
Food Hygiene	111
Food Premises	110
Food Sampling	115
Gully Cleansing	95
Handicapped Children and Young People	7, 68
Handicapped Persons Welfare	82
Handicrafts	88
Health Committee	2
Health Education	6, 28, 54
Health Visiting	6, 36
Holidays at Rockwood	81
Home Nursing	5, 41
Hospital Bookings	32
Hostel for Men	79
House Improvement	104
Houses in Multiple Occupation	106
Housing Accommodation	105
Housing	103
Ice-Cream Manufacturers, Retailers and Premises	109
Immunisation	48
Improvement Areas	96, 104
Incidence of Sickness—Working Population	24
Incontinence Pads	41, 59
Industrial Pollution	98
Infant and Young Children's Clinics	26
Infant Mortality	6, 14, 22
Infectious Diseases Notifications	6, 72
Infectious Diseases, Prevalence and Control Over	71
Inquests and Uncertified Deaths	18

	<i>Page</i>
Inspection and Supervision of Food	107
Inspection of Food Premises	110
Introduction	5
Legal Proceedings	106, 120
Licensing Act, 1961	111
Liquid Egg (Pasteurisation) Regulations	109
Major Accident Organisation	69
Marie Curie Foundation	6, 42
Market Hall.... ..	111
Maternal Mortality.... ..	22
Maternal and Child Health	26
Maternity Homes	35
Maternity Liaison Committee	35
Meals on Wheels Service	58
Measles	6
Meat Inspection	96, 112
Medical Aid	33
Mental Health Services	61
Mental Illness	62, 63
Mental Subnormality	61, 63
Midwifery: Early Discharge	32
Milk Supply.... ..	108
Morbidity	24
Mothercraft	37
National Assistance Act, 1948—Part III Services	77
Natural and Social Conditions of the Area	9
Neo-Natal Cold Injury	34
Neo-Natal Deaths	14, 22
Night Rota System	32
Nursery	31
Nurseries and Child Minder's Regulation Act, 1948	31
Nursing Equipment	59
Offensive Trades	99
Offices, Shops and Railway Premises Act, 1963	96, 101
Ophthalmia Neonatorum	34
Outworkers	100
Part III Accommodation.... ..	7
Perinatal Mortality	14, 22
Pharmacy and Poisons Act	102
Phenylketonuria	36
Places of Entertainment	102
Playgroup	31
Pneumonia	19
Poliomyelitis Vaccination	48
Post-Natal Clinics	28
Premature Births	21
Prevention of Damage by Pests Act, 1949	102
Prevention of Illness—Care and After-Care	54
Prevalence of and Control Over Infectious Disease	71
Protection of Movable Property	81
Provision of Health Services	25
Public Analyst's Annual Report	117
Public Baths	94

	<i>Page</i>
Public Cleansing	95
Public Conveniences	95
Public Health Inspection	96
Rag Flock and Other Filling Materials Regulations, 1951	99
Refuse Collection and Disposal	95
Registrar General's Short List of Causes of Death	16
Removal of Persons Needing Care and Attention	81
Rent Act, 1957	106
Residential Accommodation	78
Respiratory Diseases—Deaths	19
Rest Centres	89
Retrolental Fibroplasia	34
Rodent Control	102
Sanitary Circumstances of the Area	91
Scot House	67
Senior Training Centre, Fabrex	5, 66
Sewerage and Sewage Disposal	93
Shops Act	102
Short Term Care	79
Slum Clearance	96, 104
Smallpox Vaccination	7, 48
Smoke Control Areas	96, 98
Smoke Offences	99
Special Care Unit	65
Staff	2
Standard Grants	105
Statistics	13
Stillbirths	14, 22
Summary of Contraventions found during General Inspections	101
Temporary Accommodation	81
Tetanus Immunisation	50
Trade Refuse	95
Training Centre, Hope School	64
Training of Home Nurses	41
Training of the Mentally Handicapped	64
Training of Midwives	35
Training of Students	65
Transport of Home Nurses	41
Transport of Midwives	35
Tuberculosis	7, 19, 57
Tuberculosis Notifications	74
Vaccination	48
Venereal Disease	56
Vital Statistics	6, 14
Voluntary Organisations	89
Water Supply	92
Welfare Foods, Distribution	30
Welfare Services	6, 77
Whooping Cough Immunisation	50
Workshop Employment	86
Worsley Mesnes Clinic	5, 27